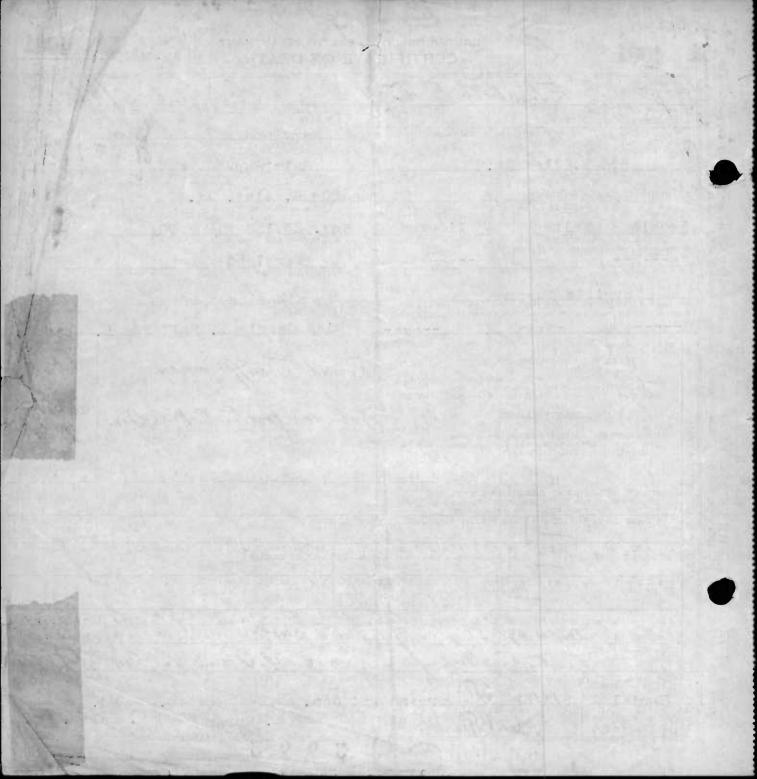
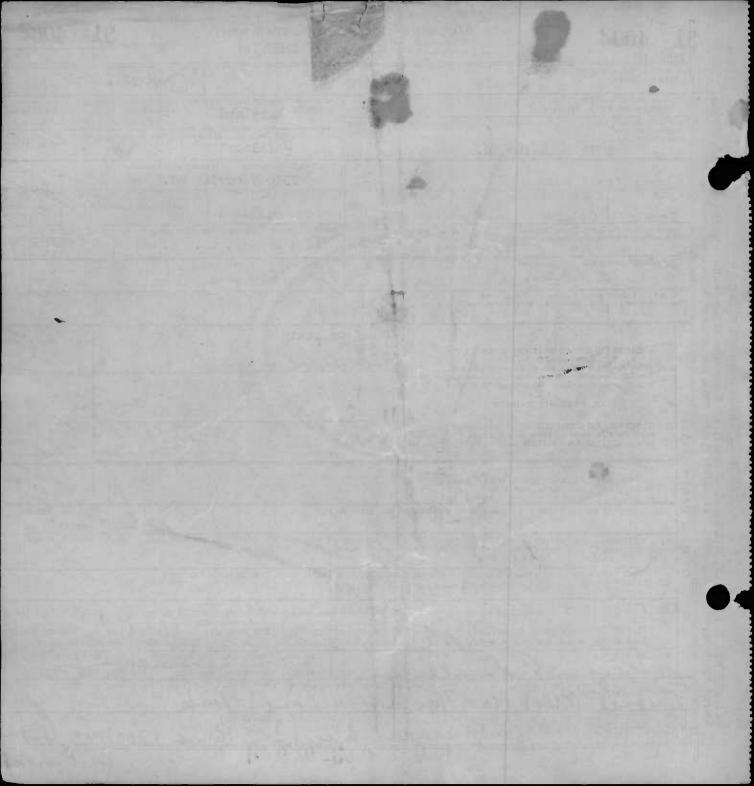
- []	400				
5	4001 BIRTH NO.	CERTIFICATI		Registered No.	4001
	1. NAME OF DECEASED (Type or Print)	th E. Bell		2. DATE OF DEATH	151
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		ution: residence before admission)
	B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	nstitution, give street address or location)	c. CITY OF TOWN (If	outside corporate limits, w	ite RURAL and give township)
	508 E. 41st St.	Yrs.	D. STREET ADDRESS (If	rural, give location)	
	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. S	Mos. Days	508 E. 41st.	St. 19. AGE (In years) If Under	Teat If Under 24 Hours
	Female White	Widowed (Specify)	Nov. 23.1860	last birthday) Months	
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLÁCE (State or fo		CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	•
	Norville Guyton 15. WAS DECEASED EVER IN U.S. ARMED FOR((Yes, no or unknown) (If yes, give war or dates of ser		Kstherine 17. INFORMANT	Luff	ESS
	00 00 00 00 00 00 00 00 00 00 00 00 00	SECURITY NO.	Miss Carrie E.		Alet St
	DISEASE OR CONDITION DIRE		OF DEATH		INTERVAL BETWEEN
	LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e. g., (A)	nal Insuffe	venry	
	injury or complication which caused ANTECEDENT CAUSES	death.) DUE TO	1 . 1 +	pues.	Source
	O DISEASES OR CONDITIONS, IF ANY	GIVING	Yerroscherotic	Cipia Obs.	years
	RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ING THE DUE TO			
	OTHER SIGNIFICANT CONDITION				
	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED SING IT.			1
	4	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	 PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., e 		f in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (House OF INJURY	WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I attende		stel 5, 195, to 7		at I last saw the
	deceased alive or speed \$9, 19		red at 12 m., from to		atc stated above.
0	24A. BURIAL CREMA 24B. DATE TION, REMOVAL (Specify)	24C. MAME OF CEMETE	1039 St. Vau	OCATION (City, town, or o	3/1/17 1 ounty) (State)
	Burisl 5/3/51	Greenmount		Belto Md	
	DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR MAY 2 1951	MATURE Villante, Mall	25. EUNERAL DIRECTOR John A. Mora	3000 E. Pa	lto. St.
	VS 150	5 1 8 (19	3 9 9 3	w.s	1-3-40-





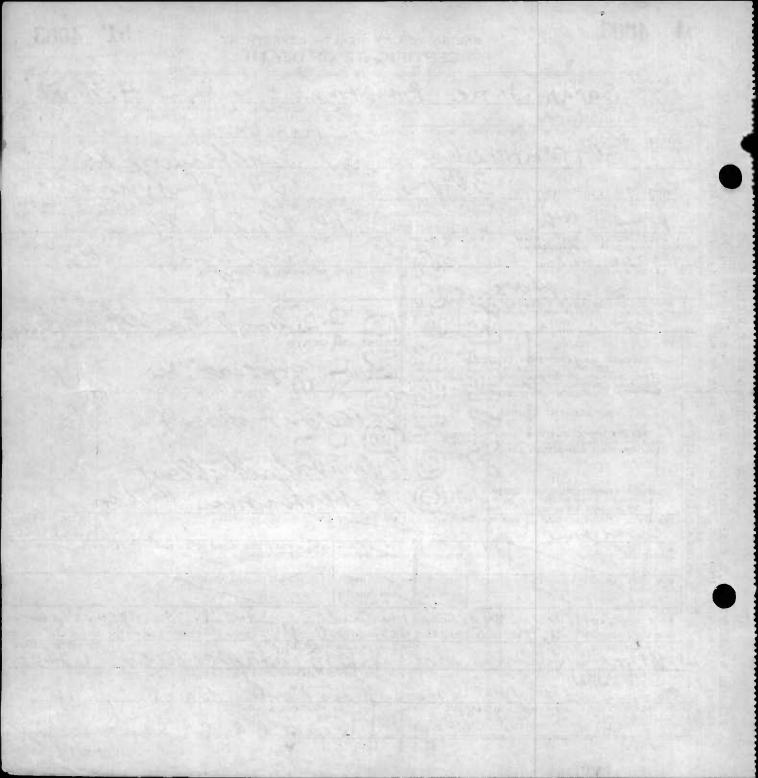
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5:	1 4003	100.	WKON EALTH DEPARTMENT	51	4003
BI	RTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
	NAME OF DECEASED ype or Print) Sarah Ja	ne Bown	ton.	2. DATE OF 4.	30.51
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If in B. COUNTY	stitution: residence before admission)
II L	FULL NAME OF (If not in hospital or STITUTION 309 Pontia	r institution, give street address or location)		outside corporate limits,	write RURAL and give township)
C	Length of stay in Baltimore	30445 Mos.	D. STREET ADDRESS (IE	oral, give location	a live by
	SEX# 6. COLOR OR RACE 7.	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1.17 1969	9. AGE (in years littlest birthday) Mon	inder Year ths: Days Under 24 Hours Hours Min.
	dooe during most of working life, even if retired)	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	2010	14. MOTHER'S MAIDEN	AME	454.
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FOI a, no or nuhnown) (If yee, give war or dates of se	PRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	she 300	DRESS .
	18. 470.0	CAUSE	OF DEATH	man /	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	RECTLY	an anna	1.1.	1 & St. Ull
	(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	he disease,	a. Joeca	ours.	17.
	ANTECEDENT CAUSES	50. 6	Experionele		a
ATION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	NY, GIVING	vyvuopu		
FIC		(c) arke	nonlinghi	Meant	٩
CERTI	OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT	T RELATED	verleines	disea	7
7	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	BATION	-9	20. AUTOPSY?
CAI	none				YES NO
EDI		218. PLACE OF INJURY (25, oout home, farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Ho OF INJURY	OUT) 21E. INJURY OCCURS		Y OCCUR?	
		m. WORK AT WORK			
	22. I hereby certify that I attend	ded the deceased from J	1957, to_	4.70 ,1951	that I last saw the
	deceased alive on 7, 70, 19	9.5 and that death occu	23B. ADDRESS	he causes and on th	23c. DATE SIGNED
	Herre Stum	mero M.D.	1049 Patain	chave.	4.30.91
2. TI	AA. BURIAL, CREM (-) 248. DATE	24C. NAME OF CEMETE	ERY OR CREMATORY 4D. L	OCATION (City, town,	or county) (State)
1	BURIAL 15/3/5	7 MEADOWRI		DORSEY	M.O.
	ATE RECEIVED BY REGISTRAR'S S	Millians Mp	25. FUNERAL DIRECTOR	- p/	ADDRESS
IN	AY 2 ISS	LA INVERTIGATION OF THE	JAMES H. 600.	OKS BRODE	ELYN 25

956, that I last saw the on the date stated above. 23c. DATE SIGNED

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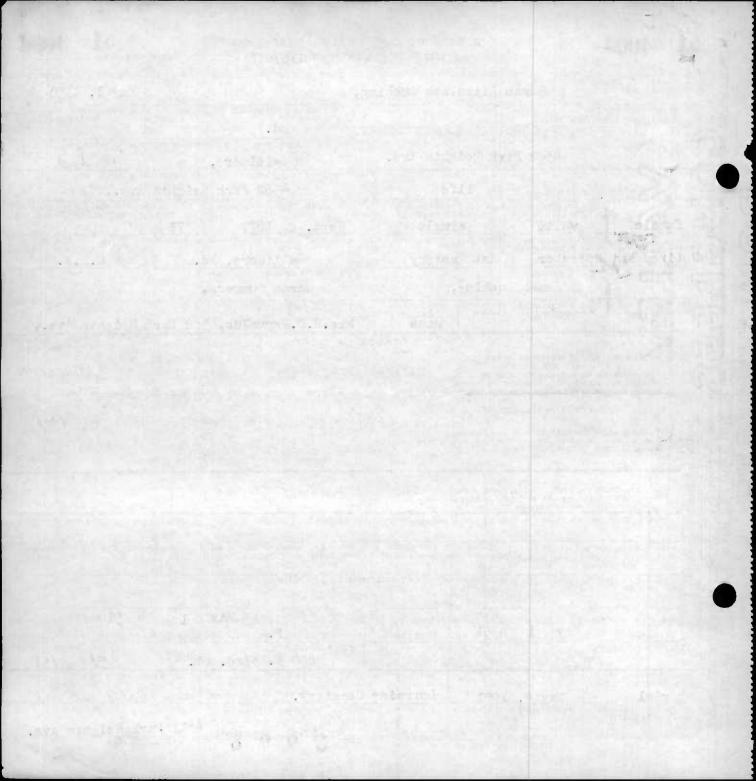
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Sarah Elizabeth Cushing. (Type or Print) OF May 1, 1951 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate mits write RURAL and give INSTITUTION 4362 Park Heights Ave. township Baltimore. Yrs. D. STREET ADDRESS (If rural, give location) Mos. life 4362 Park Heights Ave., c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female Sept. 2, 1877 white single 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Hat Operator, Hat Factory, Baltimore, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Cushing, Sarah Summers. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO no Mrs.H.C.Reynolds, 4362 Park Heights Ave., none 18. H27. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 山 TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DIC 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office hidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE , 195/ to May 22. I hereby certify that I attended the deceased from Just ., 19 51 that I last saw the deceased alive on May P.m., from the causes and on the date stated above. and that death occurred at___ 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 800 W. 33rd. St. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery. burial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR

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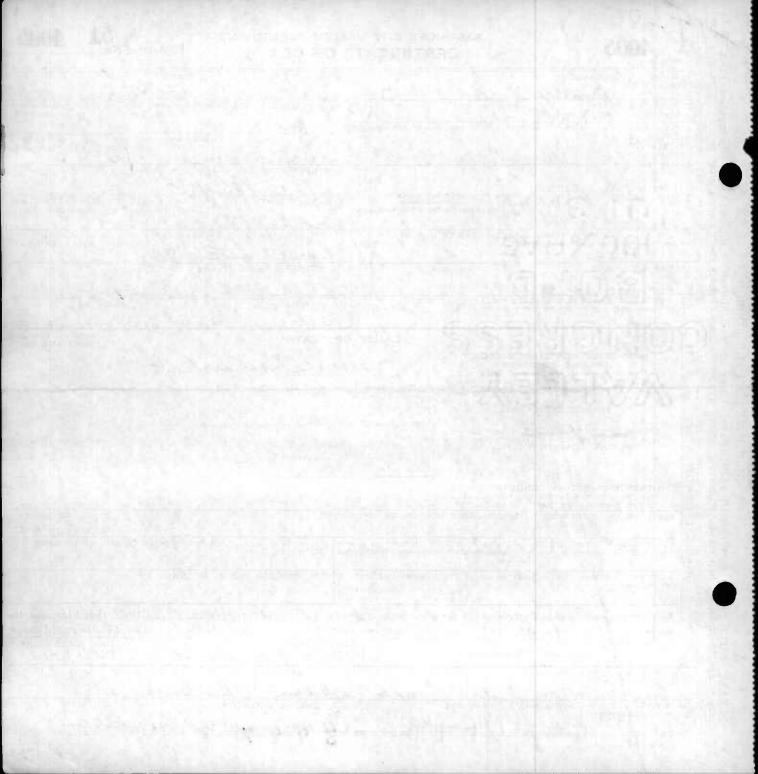


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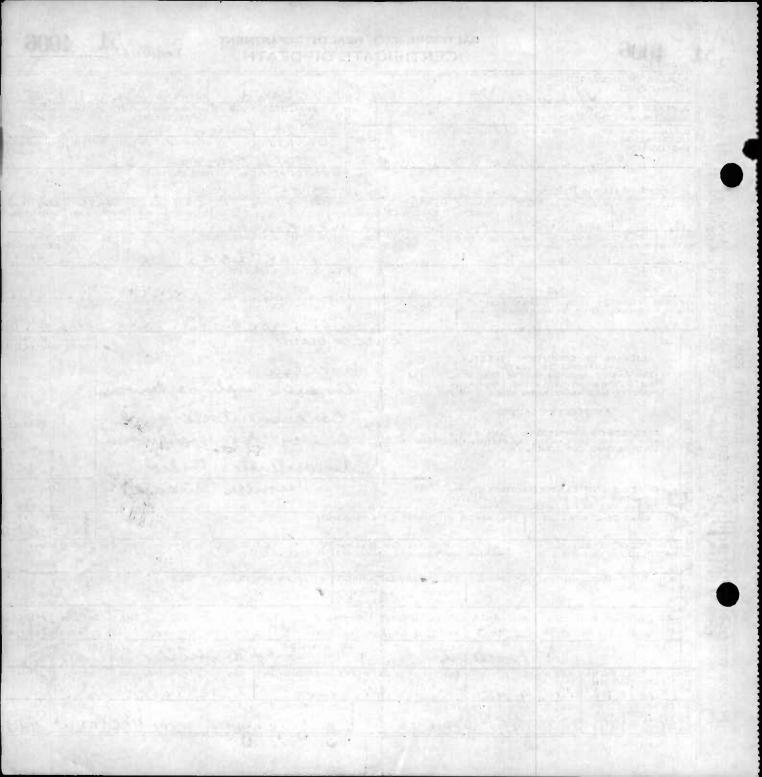
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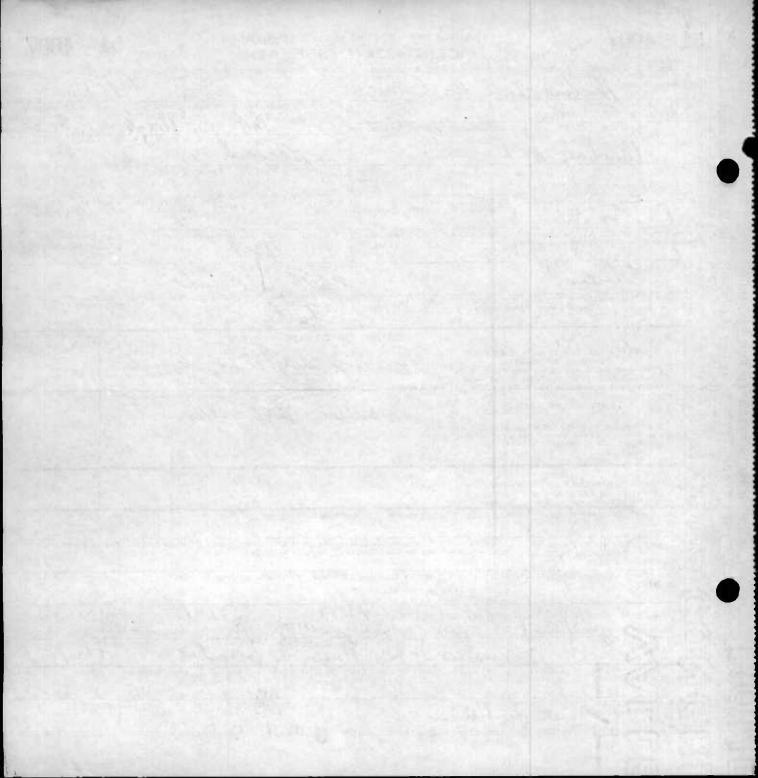
	51	1005	EALTH DEPARTMENT Desistand No.	1 4005
The	BIRT	TH NO. CERTIFICAT	E OF DEATH Registered No.	
		AME OF DECEASED be or Print) Emple Palk	2. DATE OF DEATH MA	21 1951
supplied	A. Ba	Baltimore City, Maryland /200 Valley St.	4. USUAL RESIDENCE (Where deceased lived If ins	
>	HOSE	ULL NAME OF (If not in hospital or institution, give street address or institution) PITAL OR location)		write RUIM L and give township)
e de legibly.	70	fettle sielers of the Town Yrs.	D. STREET ADDRESS (If rural, give location)	01
l leg	c. Le	ength of stay in Baltimore Mos. Days EX [6.COLOR OR RACE 7. SINGLE, MARRIED.		1. 1 Vess T H Bades 24 House
and and	Je fe	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 1 Und last birthday) Month	der I Year If Under 24 Hours hs Days Hours Min.
information should be s of death clearly and	10A. work doz	USUAL OCCUPATION (Givekindof one during most of working life, even if retired) INDUSTRY	Y DA' GOD I	CITIZEN OF WHAT COUNTRY?
th c	13. F.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
dea	15 W	Francis Palk WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Margaret Calwa	4
f inf es of	(Yes, no	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Little Septem of the Pa	AL 1217/alle
item of in	18	8. 331X CAUSE	OF DEATH	INTERVAL BETWEEN
y it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	chol Hemarkers	
Every ite write the		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	7	ANTECEDENT CAUSES		
UNFADING INK. Physicians: please	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
ADI	RTIFIC	(c)		-
Phys	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Hel .	19 19	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
LY, WITH important.	H EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., is about home, farm, factory, street, office bldg.,		
ILY imp imp		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
PI		22. I hereby certify that I attended the deceased from	an. 15, 1951, to May 1, 1951,	
ITE P		deceased alive on afor 30, 1951, and that death occur		date stated above.
PLEASE WRIT		M.D.	1823 M. Nash. 24.	5/1/51
SE ag	Z4A. TION.	I. REMOVAL (Specify)	Park ben Baltimore, me	county) (State)
PLEAS	DATI	burial Maey 3, 195 and on () E RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
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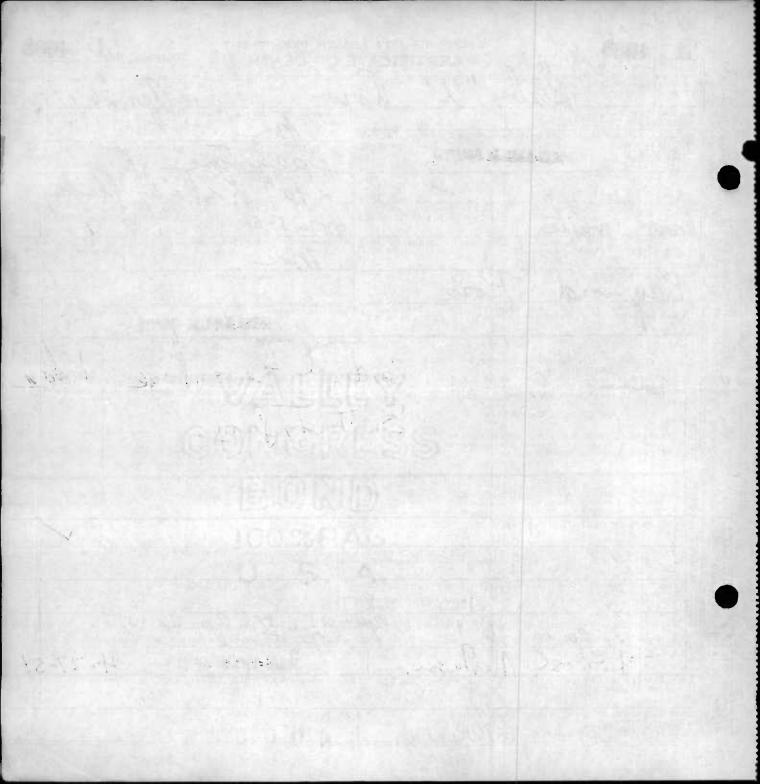


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	7	-44				
	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.					
) -	ВП	CERTIFICATION.	TE OF DEATH	Registered No. 4006		
		NAME OF DECEASED ype or Print) A A A A A A A A A A A A A A A A A A A		2. DATE		
		WILLIAM FANN ME		OF DEATH MAV1, 195-1		
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Whe	re deceased lived. If institution: residence B. COUNTY before admission)		
		FULL NAME OF (If not in hospital or institution, give street address location		tside corporate limits, write RURAL and give		
	IN	STITUTION S S. Seatt St	C. CITT OR I GAVIN	township)		
	-	Yrs.	o. STREET ADDRESS (If rur	ral, give location)		
0	c.	Length of stay in Baltimore Life Mos		0++ 5+		
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	18. DATE OF BIRTH	AGE (In years It Under Year H Under 24 Hours last birthday Months; Days Hours; Min.		
		TALE White Widowed	Nov. 6, 1885	65		
		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTR		, WHAT COUNTRY?		
	13.	FATHER'S NAME PAINT	14. MOTHER'S MAIDEN NAM	d U.S.H.		
	-	o . 01 11 1	MA			
	15.	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT	ENNEN		
	(Yes	No or unknown) (If yos, give war or dates of service) SECURITY NO.	nathanina P. D.	LEV 2610 Frederick AL		
			OF DEATH	INTERVAL BETWEEN		
		DISEASE OR CONDITION DIRECTLY	·	ONSET AND OEATH		
		(This does not mean the mode of dying, e.g., (A)	brema			
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	chronic heplus	o's clerosia		
		ANTECEDENT CAUSES	Corcinsustor			
2	O	DISEASES OR CONDITIONS, IF ANY, GIVING	· · · · · · · · · · · · · · · · · · ·	and the state of t		
2	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	Caveer of Pros	tale bland		
	RTIFICATION	4	steriosslevotic (ardio-		
	E	OTHER SIGNIFICANT CONDITIONS CON-	Vareulay. I	the maken are more a sector terrespond amount consequent		
	CEF	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?		
	CAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.	in or 21c, WHERE DID (If i	YES NO T		
	EDI	HOMICIDE (Specify) about home, farm, factory, atreet, office bldg		n Baltimore City, give exact location)		
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY O	OCCUR?		
0		OF INJURY . WHILE AT NOT WHILE AT WORK AT WORK				
				eay 1, 195; that I last saw the		
2		deceased alive on King 1, 19 5 , and that death occ	urred at 3:25 P.m., from the	causes and on the date stated above.		
2		23A. SIGNATURE	23B. ADDRESS	1. 1 to CL 23C. DATE SIGNED		
0	24	A. BURIAL, CREMA- 248, DATE 246, NAME OF CEMET	FRY OR CREMATORY 240 LOC	ATION (City, town, or county) (State)		
3	TIO	N. REMOVAL (Specify)				
	DA	BURIAL MAY 4,1951 NEW (4)	1 25. FUNERAL DIRECTOR	TIMORE Md.		
3	V	AY 3 = 1951	BEO.L. Schwab	2101 FREDERICK AVE.		
	-111	VS 150	3 9 9 8			



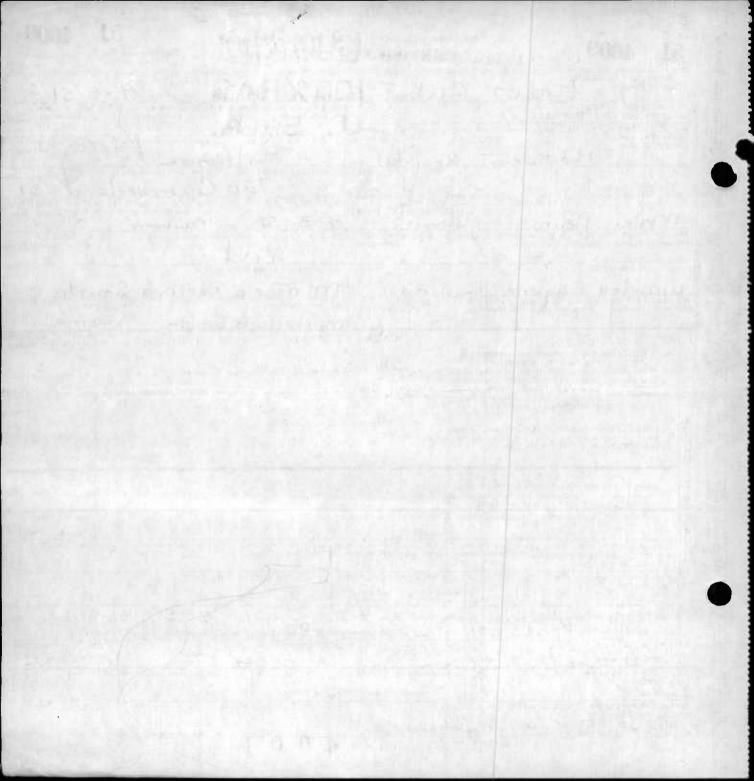




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Hastlen am indication. in decease of chemeal heater. of the probable general will Ithe male many? also of pouble, may roe horn a more definite austrices a lotten of the restrement and the time of dutt plane? "Prostate, - probable primary site" "Lungs at time of death" See Document File 51-4010 for full report 5/14/51 TS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

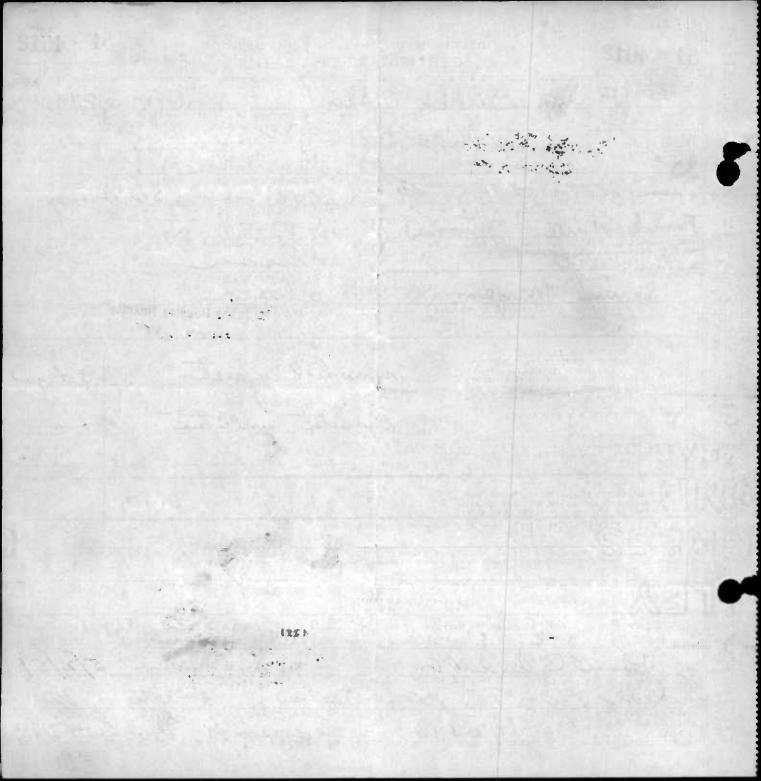
51 Registered No. 4011

	SIRIH NO.					
	NAME OF Type or Print)		Moyer		2. DATE OF May 1	, 1951
	B. PLACE OF E			4. USUAL RESIDENCE (V		
		OF (If not in hospit	al or institution, give street address or			16
	HOSPITAL OR Baltimore City Hospitals location)			c. CITY OR TOWN (If	outside corporate mits,	
11	4940 Eastern Avenue			Baltimore	25	township)
	No.		Yrs.	D. STREET ADDRESS (If		
		stay in Baltimore	7 Years Mos. Days			
an	Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Widowed	Feb. 18, 1896	9. AGE (In years H Un last birthday) Mont	dei l Yeer If Under 24 Hours hs Days Hours Min.
T WO	OA. USUAL O	CCUPATION (Give kied of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1;	2. CITIZEN OF
M.Q	ork done during most	of working life, even if retired)	Self INDUSTRY	New York		WHAT COUNTRY?
1	3. FATHER'S	NAME		14. MOTHER'S MAIDEN N		
Pa	burk P	ollack		Isabelle?	Boyle	
1	5. WAS DECEAS	ED EVER IN U.S. ARMEI		17. INFORMANT		DRESS
1	Lo de la	(11 you, give wat or date	of service) SECURITY NO.	Records: B. C. H.	4940 Eastern	Avenue
	18. 3			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Comply 1 Thrombosis					O M
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					One Month	
	ANTECEDENT CAUSES			enteralements		20 Years
Z O Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last. II OTHER SIGNIFICANT CONDITIONS CON-					LO COLIS	
Ĭ.		II.	_ (C)	***************************************	***************************************	
11	TRIBUTIN	SIGNIFICANT COND IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
C			98, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
A				100		YES NO
EDIC	HOMICIDE	ENT. SUICIDE, (Specify)	218. PLACE OF INJURY (e. g., i aboot home, farm, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)
Σ	21b. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK		Y OCCUR?	Life Harry
	22. I hereby certify that I attended the deceased from 5-30, 19 49 to 5-1, 1951, that I last saw the					
	deceased alive on 5-1, 1951, and that death occurred at 6:05Pm., from the causes and on the date stated above.					
	23A. SIGNA			238. ADDRESS	ne causes and on the	23c. DATE SIGNED
		ded.	(loge M.D.	4940 Eastern Ave	nue	5-2-51
T	BURIAL.	Specify) 248. DATE		a Tioual 25. FUNERAL DIRECTOR	Balto.	
1	DATE RECEIVI	ED BY REGISTRAR	SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
	LOCAL REGIS	18181 Minuter it	The Welliams som	1114 B. K. 200 1	nin Pr Po	1 st

DATE RECEIVED BY VS 150

REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

Duration

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Underline the

cause to which

death should be

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_	_					_
1.	P	LA	CE	OF	DEAT	H:
		-			0:	

(a) Baltimore City, Maryland

822 N. Carrollton Ave. (b) Street addres

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)....

(e) Length of stay in Baltimore (yrs., mos., or days)......

3 (a) FULL NAME

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex 5. Color or race Female Colored

6 (a) Single, married, widowed, or

6 (b) Name of husband or wife.....

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Nov. 15.1871 If less than one day 8. AGE: Davs Years Months

79

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation II. Industry or business

12. Name Tilghman Johnson

13. Birthplace Md.

14. Maiden Name Georgeanna Peters

15. Birthplace Md.

16 (a) InformantM's Elizabeth Johnson

(b) Address 1200 W. Lexington St.

(b) Date thereof 5=4-51 (Burial, eremation, or removal) (month) (day) (year)

(c) Cemetery or crematory. Mt. Auburn Cem Location Baltimore Md.

18 (a) Funeral directo II no travers & flueste (b) Address 578 W. BiddleSt

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County.

(c) City or town Baltimore

(d) Street No. 822 N. Carrollton Ave. (If rural give location)

(e) Citizen of foreign country?..... If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH man / 195 1 at 4: 60 AM

21. I certify that death occurred on the date above stated; that lattended deceased from Jan 1948 to Caril 1954

and that I last saw her alive on Open 25, 1951

Immediate cause of death

Other Conditions

(Include pregnancy with 3 months of deth) Date of operation.....

Major findings of operation:

of autopsy:____ 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide..... (b) Date of occurrence.....

(c) Where did injury occur?

(County) (City or town)

(d) Did injury occur about home, on farm, industrial place, in publicWhile at work? (Specify type of place)

(e) Means of injury

Address 1824W. Franklin It Date signed 5-1-51

VS 150

especially important

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

· If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

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cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

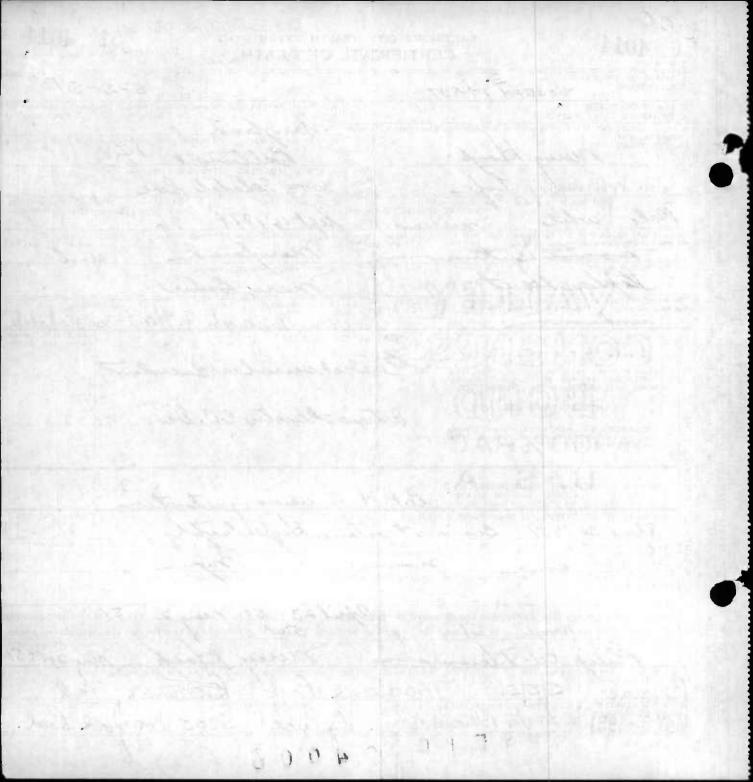
Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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Registered No. May 2, 1951 B. COUNTY before admission) (If outside corporate limits, write RUR and give township) If Under 24 Hours Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN 20. AUTOPSY YES (If in Baltimore City, give exact location) . 1951, that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town, or county)

Luis and the second of the second N. A. B. C. STROPHSTOLLE Frankling desired the safe and the same of the same of THE SHOEL STOLEN STREET BY SECURITIES AND THE SHOEL SHOULD 3 3 11 Pr

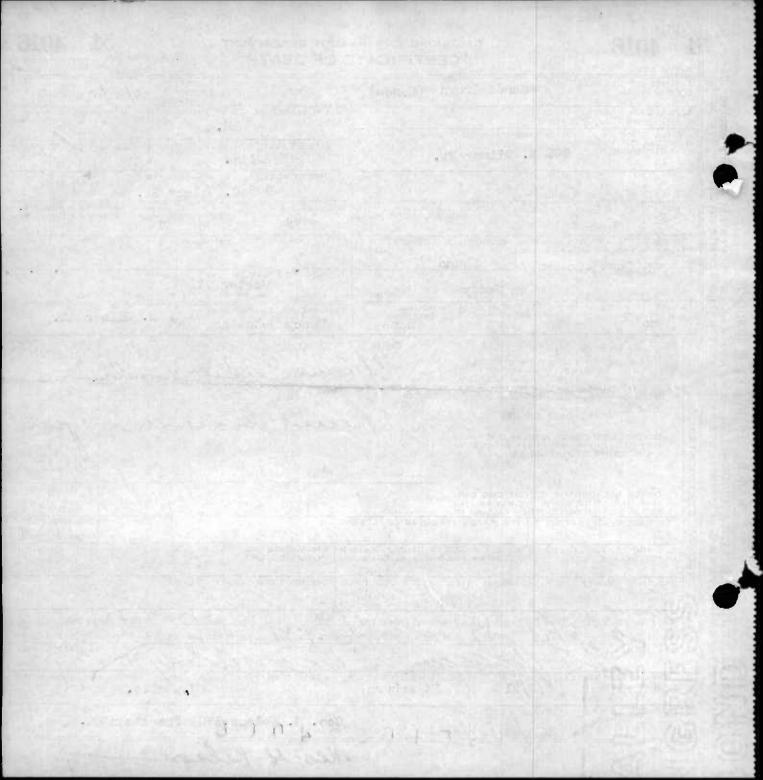
BALTIMORE CITY HEALTH DEPARTMENT

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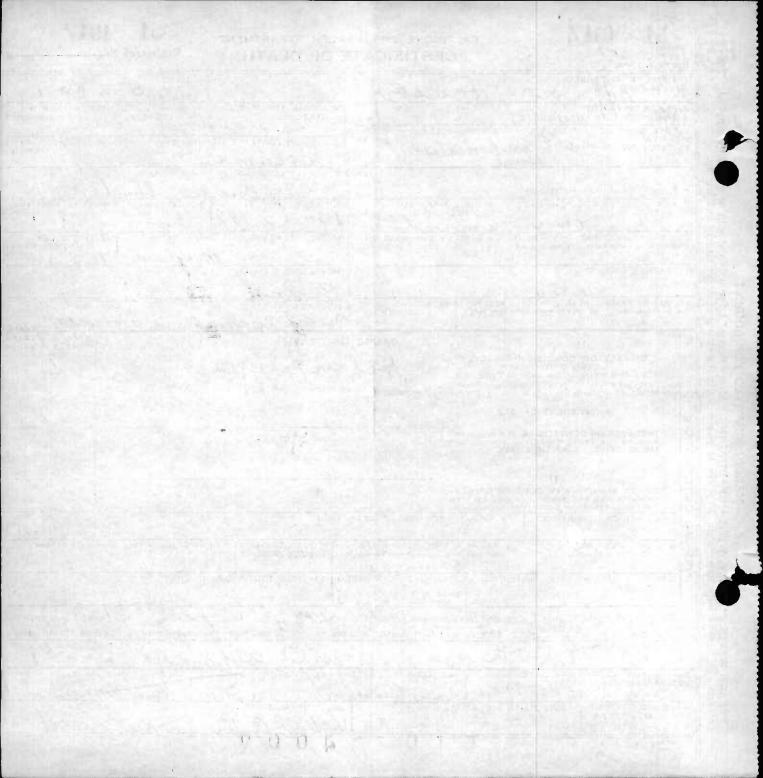
1310

BIRTH NO.	
1. NAME OF DECEASED Amanda Brown (Manda)	2. DATE OF DEATH 4/30/51
a. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Md. B. COUNTY before admission
HOSPITAL OR INSTITUTION 905 N. Gilmor St.	C. CITY OR TOWN (If outside corpora e limits, write WAAL and give township
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 905 N. Gilmor St.
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWEN, DIVORCED (Specify)	8. DATE OF BIRTH 1883 9. AGE (In years If Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Glve kind of work done during most of work ing life, even if retired) Dome stie home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Wm Waddy	14. MOTHER'S MAIDEN NAME Hoster ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none	Nancy Johnson 905 N. Gilmor St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ionie Carles-Varenla
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	n or 21c. WHERE DID (If in Baltimore City, give exact location) tc.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
24a. BURIAL, CREMA- TION. BHOVAL Epecify) 5/3/51 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (ity, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 3 - 195	25. FUNERAL DIRECTOR ADDRESS G. G. Kelson 303 Presstman St.
VS 150)208A	Hes- H. Kelson 1210

MARGIN RESERVED FOR BINDING



	51 4017 BALTIMORE CITY H	SEALTH DEPARTMENT 51 4017	,	
	BIRTH NO. 1 325 CERTIFICAT	TE OF DEATH Registered No		
1	1. NAME OF DECEASED (Type or Print) Horry Hadson	2. DATE OF DEATH	5-1	
	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution	: residence ore admission)	
-	B. FULL NAME OF (If not in hospital or institution, give street address o	or Maryland		
.	INSTITUTION Bar-Wil-Ba Comalescent	c. CITY OR YOWN (If outside corporate limits, write RU	JRAL and give township)	
finigar	Hernl Yrs.	D. STREET ADDRESS (If rural, give location)	ONC	
gar	c. Length of stay in Baltimore Mos.		17-62	
y and	5. SEX Male Colored 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Usedmired	8. DATE OF BIRTH 9. AGE (In years It Under I Year	Hours Min.	
clear	10A. USUAL OCCUPATION (Give kiod of or ork done during most of working life, even if retired) New Control of Business OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ WHA	T COUNTRY?	
3	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7.	
nea _	Genkenner	Ginknon		
2 (15. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, no or ookoown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
asen -	Bar Wil-Ba Home Records 2101 Cold Square Co			
ive tille ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		T AND DEATH	
TM D	injury or complication which caused death.) DUE TO (ANTECEDENT CAUSES			
is: pieas	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		*******************	
Cla	OTHER SIGNIFICANT CONDITIONS CON-		***************************************	
3 11	TRIBUTING TO THE DEATH, BUT NOT RELATED			
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20.	AUTOPSY?	
alle	ALL ACCUPENT SUIGIPE LATE PLACE OF INVIVING	YES	NO	
unipor cant.	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., io or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location)			
II Y	21b. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK			
ecia	22. I hereby certify that Lattended the deceased from Arril 24, 15/, to Arril, 195 that I last saw the			
esp	deceased alive on 2,4951, and that death occu			
2	23 N. SUMANONE / Charles M.D.	238. ADDRESS art 199 23c. DA	ATE SIGNED	
age 13	24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Sty, town, or county) (State)			
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 100 1 10 10 10 10 10 10 10 10 10 10 10 1	Emeley Gallimucary Market Dans	set	
	VS 150	4 10 June 6 6 1 gross seume	7)	



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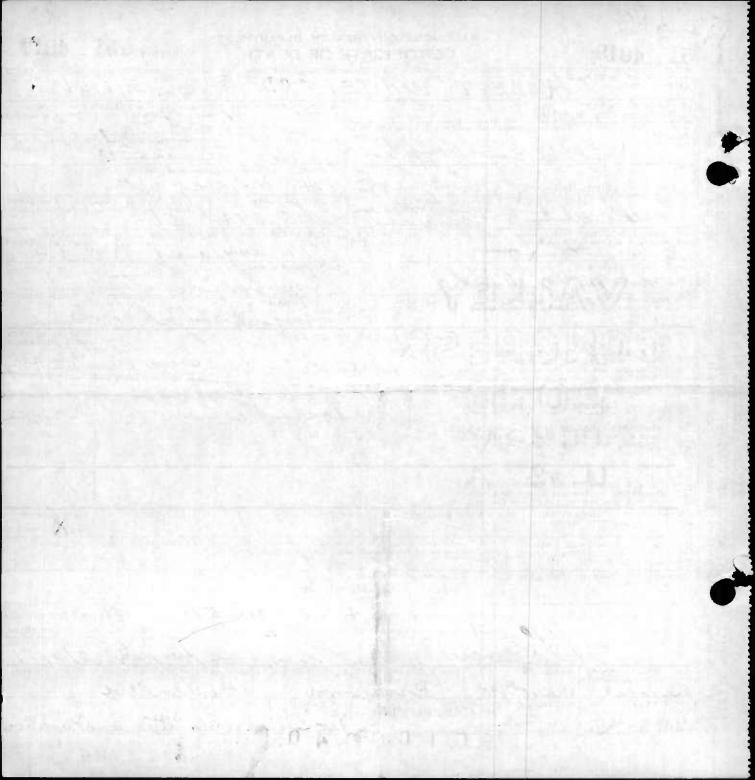
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF 2. DATE (Type or Print) OF ALINE HAYWOOD May 1, DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 10 vrs 1109 E. Preston Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | 1 Under 1 Year | 1 Under 24 Hours last birthday) | Months Days | Hours Min. If Under 24 Hours 5/14/1914 36 Married Female Colored 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWIIE INDUSTRY WHAT COUNTRY? South Carolina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Florence Durant Thomas Porter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of cervice) (Yes, no or unknown) SECURITY NO Florence Forter-1109 E. Preston INTERVAL BETWEEN CAUSE OF DEATH 00 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Far advanced pulmonary tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO THY (C) U Ĩ. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY A 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about home, ferm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subsection \), suicide \(\subsection \), homicide \(\subsection \), undetermined \(\subsection \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) 5/6/51 Mount Calvary DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR when who if lotte a late, Ald 151

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3	HTH NO.U.			ERTIFICAT	E OF DEATH	Registered	INOL TO LO
1.	NAME OF D	ECEACED	BERT	WHITE	FFORD	2. DATE OF DEATH	1/51 .
3. A.	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I	f institution: residence before admission)
B. H¢	FULL NAME	OF (If not in hosp	. ,	/ location)	maryla	end -	write RURAL and give
1	1	Mer	ey 14	sopular	Balle	more	township)
c.	Length of s	tav in Baltimore	12	Yrs. Mos.	D. STREET ADDRESS (1	frural, give location)	
	SEX		WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	if Under I Year on this Days Hours Min.
10		CUPATION (Givekind			July 3, 1074		12. CITIZEN OF
rorl	done during most	Lworking life, even if retire	d)	INDUSTRY		land	WHAT COUNTRY?
Fa	FATHER'S N	AME IN!	.4-1	(Noviolas)	14. MOTHER'S MAIDEN	NAME	- /
25	John WAS DECEASE	M.VV	reford	/ Assert Health	anna	Christon	when
(Ye	, no or unknown)	(If yes, give war or de	ED FORCES?	SECURITY NO.	Margaret	Whiteford"	DORESS
	18. 581	1.0		CAUSE	OF DEATH		INTERVAL BETWEEN
ř		LEADING TO DE	ATH	BU	2 . 1 . 9	almel 1/2	The Ada
	heart failu	re, asthenia, etc. It m	eans the disease.	(A)	earry do	7-4 Va	mocket 1 mg
i				- TO	1 4 ,041	0.	
Z				(B) (err	Losesofth	Twee	20 m/s
ATIC	RISE TO T	HE ABOVE CAUSE (A) STATING THE	DUE TO			
U				(C)			
ERTI	TRIBUTING	TO THE DEATH, BU	T NOT RELATED				
٦							20. AUTOPSY?
	LYING OF	CONTRIBUTING[(If in Baltimore City,	give exact location)
2	210. TIME (Month) (Day) (Yes	r) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
			m. v	VORK AT WORK			
7	22. I hereb	y certify that I a	ttended the d	eceased from 4	1/28 ,195/, to_	5/1/,193	that I last saw the
4	deceased al	ive on 2/1/		nd that death occur	rred at IIm., from	the causes and on	the date stated above.
		1100	ever,	7 M.D.	Mers	Hospita	5/2/5/
			øt	C. NAME OF CEMETE	ERY OR CREMATORY 248.	LOCATION (City, town	n, or county) (State)
O	ATE RECEIVE	D BY REGISTRA	R'S SIGNATUR	Parku	25. FUNERAL DIRECTOR	aylor Ur	ADDRESS
N	INY 3 - 10		Walley / YILL	Laure, Man	Level land 17	3h. Patter	Parklay
-	VS 150		1 9 5	0_0	540	and the second	1 - 1 - 10
				552.	511	3	12413
	MEDICAL CERTIFICATION	I. NAME OF D (Type or Print) 3. PLACE OF D A. Baltimore (8. FULL NAME HOSPITAL OR INSTITUTION C. Length of s 5. SEX 10A. USUAL OC FOR dordeduring mosts (You, no or unknown) 15. WAS DECEASI (You, no or unknown) 16. USUAL OC FATHER'S N 17. WAS DECEASI (You, no or unknown) 18. S DISEASE RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME O CAUSE OF 21D. TIME O 21A. SIGNA 24A. BURIAL S DATE RECEIVE LOCAL REGIST MAY 3 = 10	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hosp HOSPITAL OR INSTITUTION) C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 10A. USUAL OCCUPATION (Give kind work dougle during most of working life, even if retire with the state of the stat	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION) C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE WIDOWE Work doore during moetof working life, even if retired) 3. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) 18. S/. O DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 19. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21B. PLACE CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased alive on 23A. SIGNATURE 24A. BURIAL SHEMA. 24B. DATE ATERCEIVED BY REGISTAR S. SLENATURE DATE RECEIVED BY REGIST	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A Baltimore City, Maryland 8. FULL NAME OF (If not in hospital or institution, give street address or location) 9. FULL NAME OF (If not in hospital or institution, give street address or location) 1. NAME OF DEATH: A Baltimore City, Maryland 8. FULL NAME OF (If not in hospital or institution, give street address or location) 1. NAME OF DEATH 1. NAME OF DEATH 1. NAME OF DEATH 1. Length of stay in Baltimore 2. SEX 1. Length of stay in Baltimore 3. FATHER SHAME 1. OCLOPATION (Givekindor or Wildowskindor o	1. NAME OF DECASED (Type or Print) 3. PLACE OF DEATH: A Baltimore City, Maryland 5. FULL NAME OF (If not in hospital or institution, give street address or jecatish) 10. NAME OF (If not in hospital or institution, give street address or jecatish) 10. HOSPITAL ON 10. STREET ADDRESS (Institution) 11. STREET ADDRESS (Institution) 12. STREET ADDRESS (Institution) 13. STREET ADDRESS (Institution) 14. MOTHER'S MAILE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL RESIDENCE (Institution) 16. SCALE OF DEATH 17. INFORMANT 18. STREET ADDRESS (Institution) 18. STREET ADDRESS (Institution) 19. STREET ADDRESS (Institution)	1. NAME OF DECEASED (1988) 1888 1988 1988 1988 1988 1888 1888

BALTIMORE CITY HEALTH DEPARTMENT

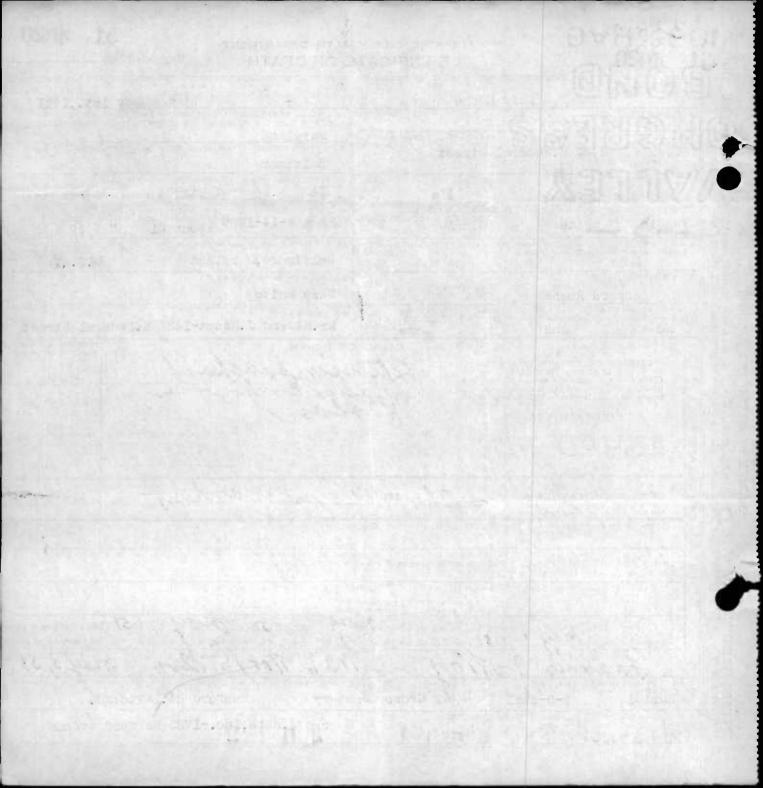


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4	CY, WITH	important.
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	RI	13
	EW	age
	PLEASE WRITE PL	correct age is especially important.

BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

51	4020

2-1 5	1,,,	200 RTH 4020	BALTIMORE CITY HE		5. Registered No.	L 4020
	1. (Ty	NAME OF DECEASED ppe or Print)	ry Roche		2. DATE OF DEATH MAY I	st1951
supplied	A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit	al or institution, give street address or		here deceased lived, If inst B. COUNTY	
Allı. y.		SPITAL OR I432 L.Fede:	ral Street location)	c. CITY OR TOWN (If a Baltimore	outside comprate limits, w	rite RURAL and give township)
legiui	C.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r I432 E.Federal		
uld be		sex 6.Color or RACE emale white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single	about 9-14-1869	9. AGE (In years II Under 1 ast birthday) Months 7	Days Hours Min.
on should clearly an		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		11. BIRTHPLACE (State or for Baltimore, Maryl		CITIZEN OF WHAT COUNTRY?
th	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
rmatio		Edward Roche		Mary White		
em of information causes of death cl	15 (Yes	. WAS DECEASED EVER IN U. S. ARMEI , no or unknown) (If yes, give wer or date	D FORCES? 16. SOCIAL SECURITY NO. None	17. INFORMANT Mr.Edward J.Hau	pt-I432 E.Fede	
Every its write the	Z	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUS	(B)	inspays us lovein	one	ONSET AND DEATH
2	ICATIO	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			
UNFADING Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DESEASE OR CONDITION	ITIONS CON-CLYVIIIC NOT RELATED CLYVIIIC I CAUSTING IT.	endocar	delig	
H	AL		98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
CY, WITH mportant.	EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., it ebout home, farm, factory, etreet, office bldg.,		f in Baltimore City, give	exact location)
2	Σ	21D. TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
TE PL especial		22. I hereby certify that I at deceased alive on May	tended the deceased from 774	1957, to 2		hat I last saw the
RI		23A. SIGNATURE	, 1951, and that death occur	23B. ADDRESS North	re carkes and on the	3c. DATE SIGNED
ASE W	24 TIC	A. BURIAL, CREMA- DN, REMOVAL (Specify) Burial 5-5-19	249 NAME OF CEMETE HOLY Cross Cem		OCATION (City, town, or ord Rd.Balto: M	
PLEASE correct ag	DA		S SIGNATURE	25. FUNERAL_DIRECTOR		DDRESS
		VS 150				46E



before admission)

If Under 1 Year

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12. CITIZEN OF

U.S.A.

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

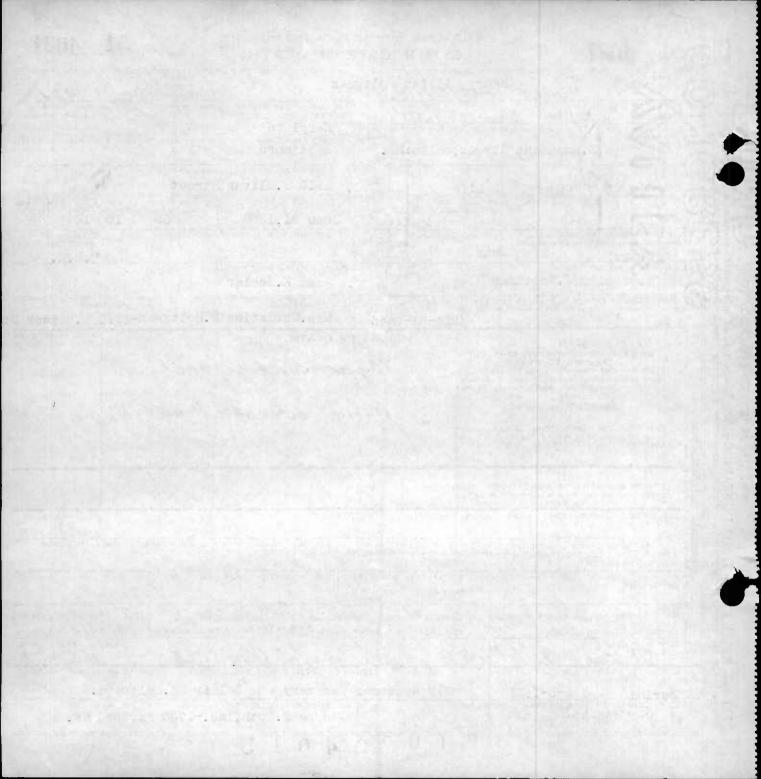
23c. DATE SIGNED

ADDRESS

IO

township)

information RESERVED INK. UNFADING Physicians: p LY, WITH important. TE Pyespecia ly WRITE



MARGIN RESERVED FOR BINDING	PLEASE WRITE PL. (LY, WITH UNFADING INK. Every item of information should be cardily supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESER	UNFADING INK. Physicians: please
•	PLEASE WRITE PL. LY, WITH correct age is especially important.

	BALTIMORE CITY HE	EALTH DEPARTMENT 51	4022
	51 NO.4022 CERTIFICATI	E OF DEATH Registered No.	1022
	1. NAME OF DECEASED BENJAMIN. H. THON	1PSON 2. DATE OF DEATH MAY.	カペノ1951
	a. Baltimore City, Maryland/620 /V BOIND ST	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	titution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		vrite RURAL and give
	Yrs.	D. STREET ADDRESS (If rural, give location)	200
	c. Length of stay in Baltimore Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED	1620 N BOND ST	8-00
	MIDOWED, DIVORCED (Specify)		of I Year Hunder 24 Hours has Days Hours Min.
	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during mont of working life, even if retired)		CITIZEN OF
1	STEAM FITTER WESTERN FIFE CO	WILMINGTON DEL	WHAT COUNTRY?
	ELISHA THOMPSON	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	IVOT KIVOWN 17. INFORMANT ADD	RESS
	(Yes, no or nnknown) (If yes, give wer or dates of service) SECURITY NO.	FAIZABETH.K. THOMPSON-1620	10
	18. 422. / . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CHOCK AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	bral thrombosis	b mo.
	injury or complication which caused death.) DUE TD	bral arterio sclerosis	8 vrs.
	ANTECEDENT CAUSES		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	UNDERLYING CONDITION LAST.		
	OTHER SIGNIFICANT CONDITIONS CON-	sclerotic C-V- disease	
	TD THE DISEASE DR CONDITION CAUSING IT.		20. AUTOPSY?
	A P		YES ND TE
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, ferm, factory, at reet, office bldg., a	n or 21c. WHERE DID (If in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
	m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from		that I last saw the
		red at $\frac{2}{3}$ A. Im., from the causes and on the 3B. ADDRESS	date stated above.
	Wm. H. Tranger, W. Dm. D. 1	520 E. 33rd Street	5-3-51
	24A. BURIAL, CREMA- 24B. DATE 2AC. NAME OF CEMETE	D	county) (State)
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS
	MAY 3 - 1951	Bennad E. Harle 11, E.V	Vest ils
	VS 150	4.0	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF 2. DATE DECEASED Martha D. Bryant. (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY arviand. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RUHAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ONMOG c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under I Year | If Under 24 Hours | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY COOM minister 13. FATHER'S NAME EC. 17 William nack. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or upanown) SECURITY NO. 313 Moshen CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 100 MAJOR FINDINGS OF OPERATION DICA 0:0 21c. WHERE DID 214. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF BEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE ATT WORK AT WORK 22. I hereby certify that I attended the deceased from_ deceas a alive on land that death occurred at 23A. SIGNATUR 23B. ADDRESS

20. AUTOPSY (If in Baltimore City, give exact location) , that I last saw the , from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify, ma DATE RECEIVED BY REGISTRAR'S FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR hustington

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of Under 1 Year

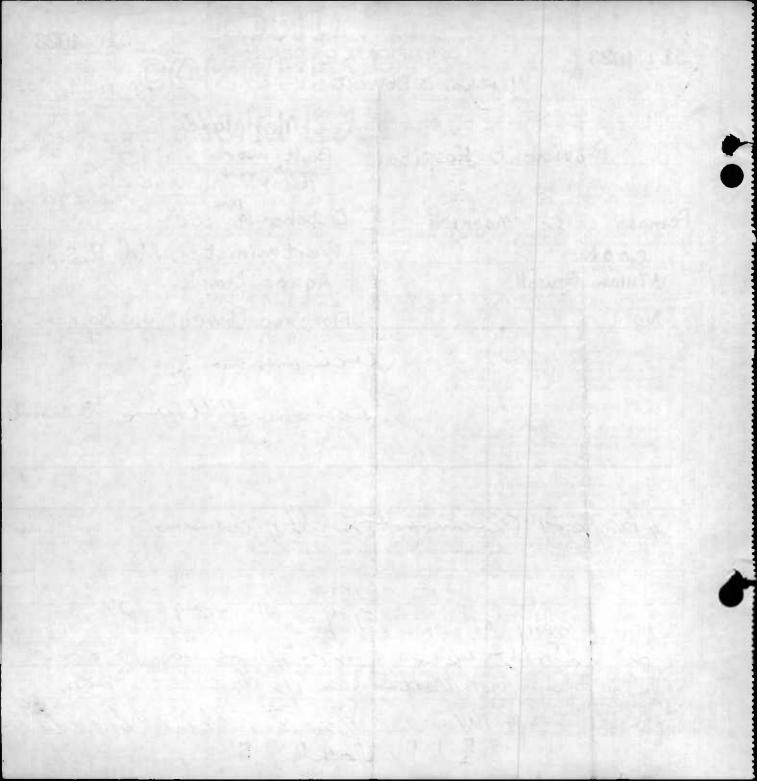
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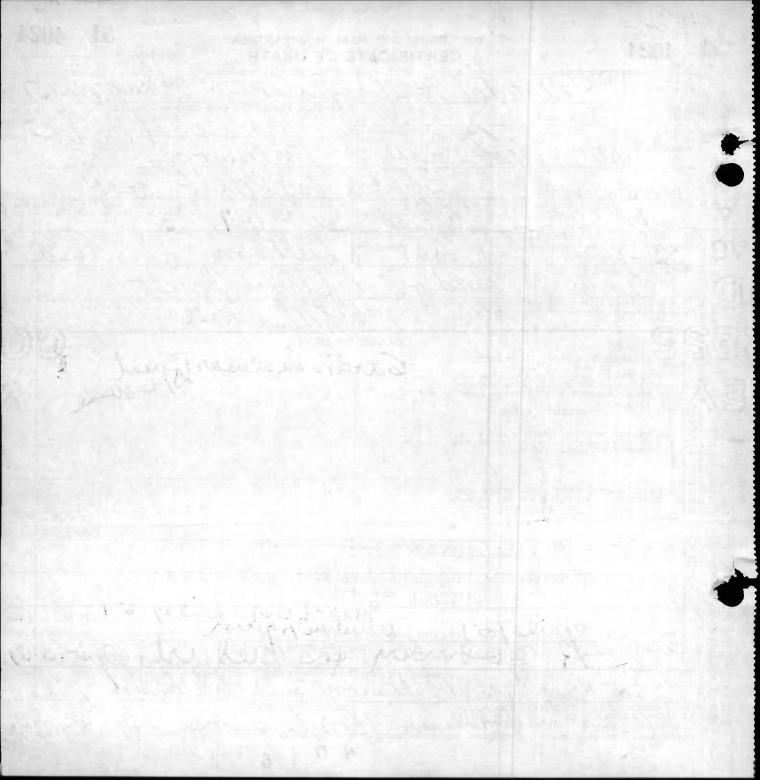
12. CITIZEN OF

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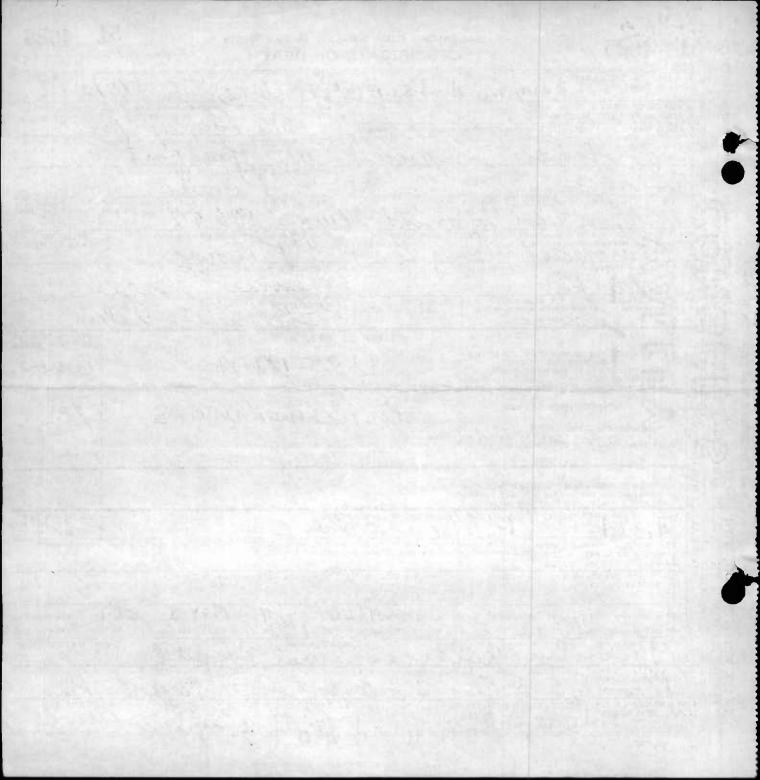
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before admission)





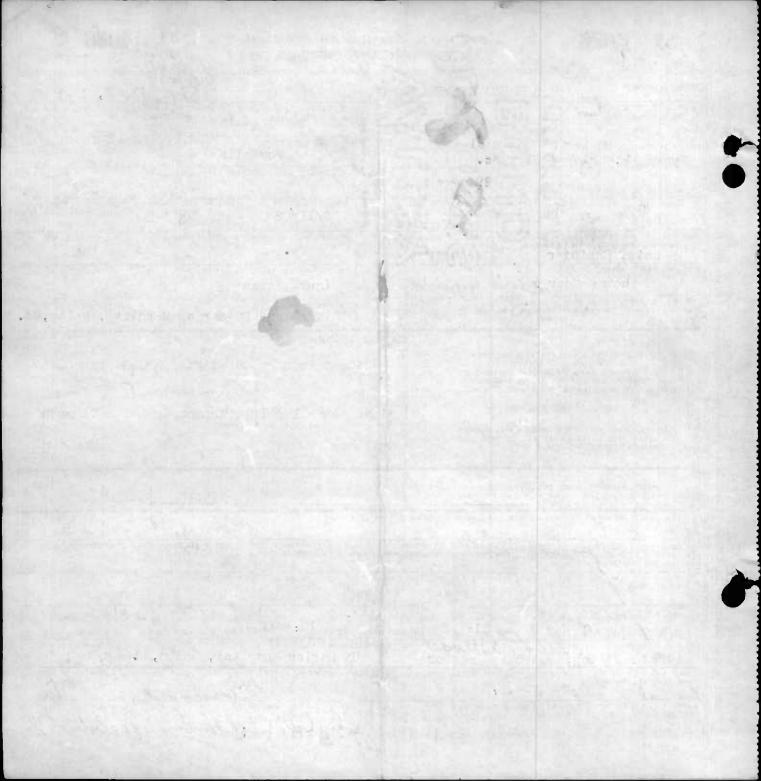
I Jan	1517 41175	EALTH DEPARTMENT Registered	51 4025
BINDING of information should be consistent supplied. The uses of death clearly and legibly.	I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o location INSTITUTION) C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED Specify WIDOWED, DIVORCED Specify Work done stride most of working life, even if retired work done stride most of working life, even if retired work done stride most of working life, even if retired life. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (Ilyes, give war or dates of service) SECLIRITY NO.	2. DATE. OF DEATH 4. USUAL RESIDENCE TWHE deceased lived. A. STATE 3/2 COUNTY C. CITY OR TOWN (If outside corporate lim D. STREET ADDRESS (If rural, give location) B. DATE OF BIRTH B. DATE OF BIRTH 1. BIRTHPLACE (State or foreign country)	If institution: residence before admission) its, write RURAL and give township) If Under 1 Year Hours Hours: Min. I2. CITIZEN OF WHAT COUNTRY? ADDRESS
MARGIN RESERVED FOR BIN UNFADING INK. Every item of Physicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	OF DEATH RENTIA YCYSTIC KIDNEYS	INTERVAL BETWEEN ONSET AND DEATH GWOS.
LY, WITH U	TO THE DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 199 MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE	in or 21c. WHERE DID (If in Baltimore City, etc.) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO give exact location)
PLEASE WRITE PI	22. I hereby certify that I attended the deceased from deceased alive on A 2, 19 1. and that death occur 23 SIGNATURE (M. O.) 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150	1951, to MAY 3, 195 arred at 1 2/2m., from the causes and on 23B ADDRESS GOINTER	23c. DATE SIGNED
	0734P		13313



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	51	4028

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) HERBERT WILMER GEORGE OF May 3, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution ; residence A. Baltimore City, Maryland B. COUNTY before admission) Virginia (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give US Marine Hospital C. CITY OR TOWN INSTITUTION township) Foxwells Wyman Pk. Drive & 31st St. Yrs. D. STREET ADDRESS (If rural, give location) 29 days Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years last birthday) Months Days Hours: Min. 2/11/08 Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Va. Chief Engineer Sea farer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas George Laura Eaton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) Yes- ? Records- US Marine Hospital, Palto, Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Massive pulmonary embolism mmediate (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES right femoral phlebothrombosis Unknown ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Unknown UNDERLYING CONDITION LAST. Epilensy (C) ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 218. PLACE OF INJURY (e. g., la or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ō about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK , 19_5, that I last saw the 22. I hereby certify that I attended the deceased from Apr. 4 1951/10 10:45 AM from the causes and on the date stated above. 51 and that death occurred at_ deceased alive of 23B. ADDRESS 23c. DATE SIGNED US Marine Hospital, Balto, Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) -- 5-51 Bureal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAP

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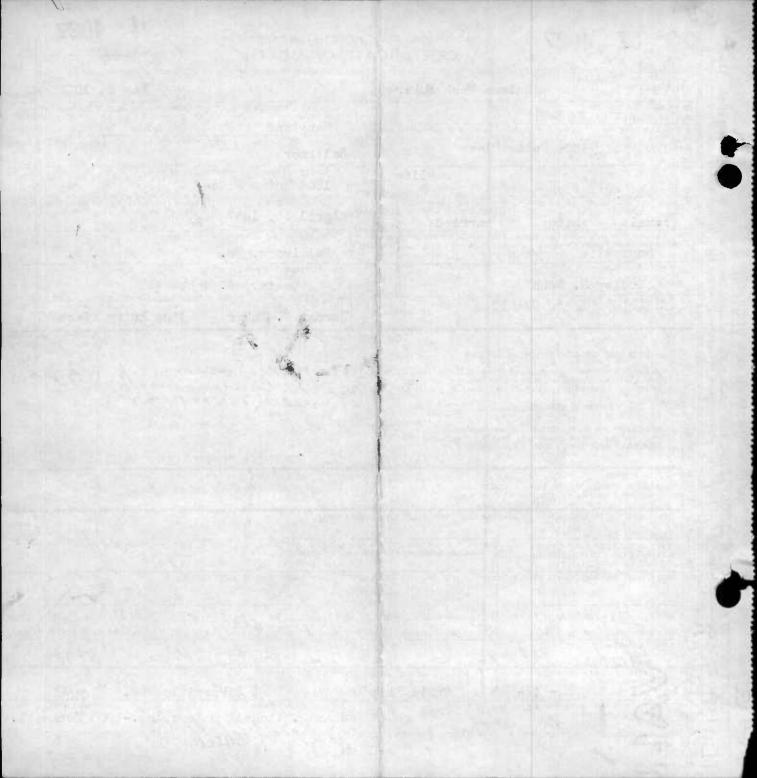
	No.	
	51	4027
The	BIRTH NO.)-260
.pg	1. NAME OF D (Type or Print)	ECEASED
supplied.		City, Maryland
ns	B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hos
ly.	6	1804 Eut
legibl	c. Length of s	tay in Baltimore
and J	5. SEX	6. COLOR OR RAC
should arly a	female	white
	nouse	CUPATION (Give kin f working life, even if retii Wife
PE	13. FATHER'S N	IAME
rmation death cle	Dudl	ey R. Webb
1 th	15. WAS DECEASE	D EVER IN U. S. AR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	4027
Registered	No.

(Type or Print)	He:	Lene We	bb Duker			OF Ma	y 2, 19	51
	City, Maryland			4. USUAL RESIDE		deceased lived. B. COUNTY		n : residence fore admission)
B. FULL NAME HOSPITAL OR INSTITUTION	1804 Eutar		ion, give street address or location)	Maryland c. CITY OR TOWN Baltimore	(If outs	none ide corporate li	mits, write R1	URAL and give township
c. Length of s	stay in Baltimore		life Yrs. Mos. Days	o. STREET ADDRE		, give location)	E-03	
5. SEX female	6. COLOR OR RACE	Marr		April 10,		AGE (in years last birthday)	If Under 1 Year Months Days	Munder 24 Hours Hours Min.
vork done during most	CCUPATION (Give kind of of working life, even if retired) WIFO	10B. KIND	O OF BUSINESS OR INDUSTRY	Baltimore		country)	U. S	ZEN OF AT COUNTRY
	ley R. Webb			14. MOTHER'S MAIDEN NAME Gustave B. Webb				
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARMED (If you, give war or dates	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Herman S. D.	ıker	1804 Eur	ADDRESS taw Place	ce
Z DISEASE	are, asthenia, etc. It means complication which complication which complications cause (A) and complications (A) and complication (A) and complication (A) are complication (A) and complication (A) and complication (A) are complications (A) and complication (A) and complication (A) are complications (A) and complications (A) and complications (A) are complications (A) and complications (A) and complications (A) are complications (A) and complications (A) and complications (A) and complications (A) are complications (A) and	Bused death ES ANY, GIVIN STATING TH	(B)	renom uray Co tomach	r en	phay	in a	5 year
TRIBUTING	II SIGNIFICANT CONDI G TO THE OEATH, BUT SISEASE OR CONDITION	NOT RELATE	0					
21A. ACCIE LYING OF	DENT WAS UNDER-	218. PLA	FINDINGS OF OPER ACE OF INJURY (e. g., is arm, factory, street, office bldg.,	n or 21c. WHERE D	ID (If In R?	Baltimore City	YES	
Σ	(Month) (Day) (Year)	` '	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OC	CUR?		
	y certify that I att live on STV		and that death occur	3B. ADDRESS	4	, 19	the date s	last saw the tated above.
24A. BÜRIAL. TION, REMOVAL (S burial	CREMA- Specify) 5 - 4 -	51	M.D. 24c. NAME OF CEMETE Druid Ridge	PYO CREMATORY	24D. LOCA	FION (City, toward))/ (State)
DATE RECEIVE	D BY REGISTRAR	SIGNATI	BELLEUMAN, Alex	John O.Mitch	ECTOR		ADDRES	

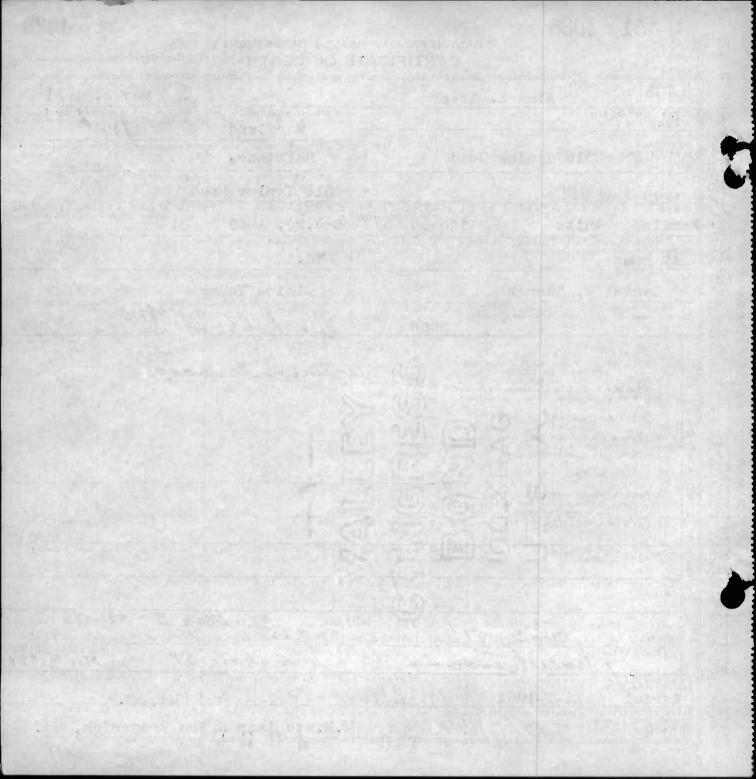


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BALTIMORE CITY HEALTH DEPARTMENT

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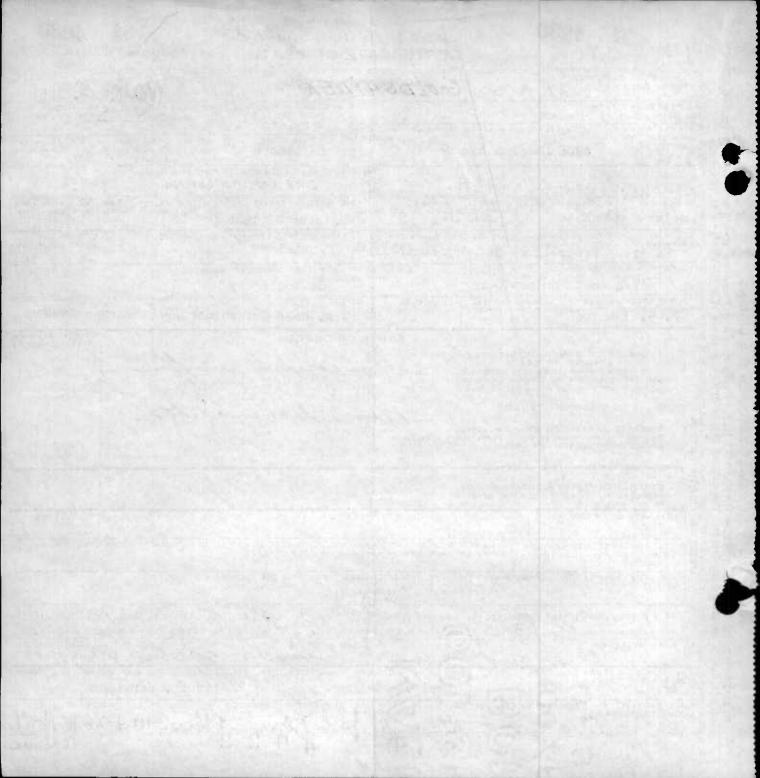
BIRTH NO.		CERTIFICAT	E OF DEATH	registered .	
	F DECEASED	- C T		2. DATE	3 1051
	ALI	na S. Lease	7 - 1101141 111	DEATH May	3, 1931
A. Baltimo	re City, Maryland		4. USUAL RESIDENCE (W	B. COUNTY	before admission
B. FULL NA		spital or institution, give street address o location			
NSTITUTIO		olow Road	Baltimore (If	outside corporate limi	ts, write RURAL and gi
r 0.	•	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c Length	of stay in Baltimor	Mos.	316 Tanlow R		
5. SEX	6. COLOR OR RA	CE 7. SINGLE, MARRIED,	8. DATE OF BIRTH		II Under 1 Year II Under 24 Hou
emale	White	WIDOWED DIVORCED (Specify	Dec.22, 1869	81	onths Days Hours Min
	most of working life, even if ret	nd of 108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER	'S NAME		14. MOTHER'S MAIDEN NA	AME	J.
Dar	iel W. San	ner	Elmira Your	ng	
5. WAS DEC	EASED EVER IN U.S. Al	RMED FORCES? dates of service) 16. SOCIAL SECURITY NO. none	17 NORMANT LA.	14. 111.0	DDRESS Chours
18, 4	1 500		OF DEATH	m. vvica	INTERVAL BETWEE
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heart	does not mean the mo	means the disease,			
injur	or complication whi	ch caused death.) OUE TO			
	ANTECEDENT C	AUSES			
	ASES OR CONDITION			****************************	
UND	TO THE ABOVE CAUSE ERLYING CONDITION				
2					
ОТН	II ER SIGNIFICANT CO	(C)			
TRIBU	TING TO THE OEATH.	BUT NOT RELATED			
	TE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
	0				YES NO
HOWICI	CIDENT, SUICIDE, DE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		f in Baltimore City.	give exact location)
	ME (Month) (Day) (Y	ear) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
OF INJU	JRY	m. WHILE AT NOT WHILE			
22 7 7			110/ 0	Vac 9 105	that I last saw t
while at Nort while At work 22. I hereby certify that I attended the deceased from na. 1948, to May 3, 1950, and that death occurred at 7.25 m., from the cluses and on the				the date stated above	
23A. SI	SNATURE!	tima that death occi	23B. ADDRESS		23c. DATE SIGNE
	Fluce	Varson M.O.	11 E Chase	<i>st</i>	May 4,185
24A. BURN	L. CREMA- 24B. DA		ERY OR CREMATORY 240. L	OCATION (City, town	
Burie		1951 Mt. 0/14	et Cem. Fr	ederick. Md.	
DATE RECI	EIVED BY REGISTE	AR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
MAY 4	1951 1	actor Williams Mills	M.R. Etchison &	Son Frede	rick, Md.
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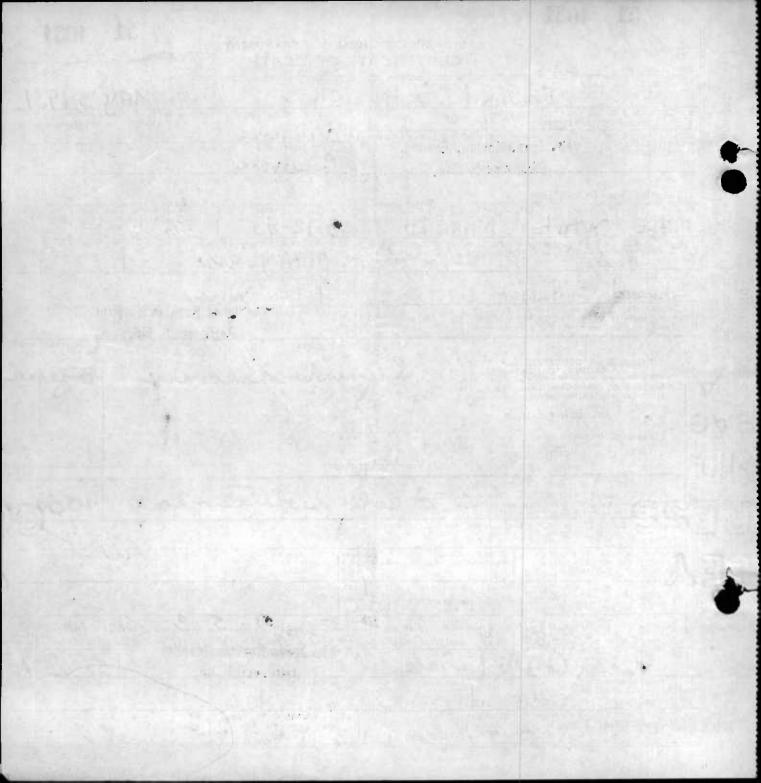


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Am from the causes and on the date stated above. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OF CREMATORY TION REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS



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supplied.	
E P. TY, WITH UNFADING INK. Every item of information should be careful, supplied. T	ind legibly.
ion should	clearly an
f informat	es of death
very item of	icians: please write the causes of death clearly and le
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RITE PA	s especially importan

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF SSNEU DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limitenwrite RURAL and give C. CITY OR TOWN INSTITUTION (township) 23 20NC D. STREET ADDRESS Yrs. (If rural, give location) Mos. PARRISH c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 9. AGE (in years | fl Under | Year | fl Under 24 Hours | last birthday) | Months | Days | Hours | Min. Il Under 24 Hours m muried March 30, 1874 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? mill Hand, Woodworks 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or buknown) (if yes, give war or dates of service) SECURITY NO no 216-03-9004 NTERVAL BETWEEN 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 RTI OTHER SIGNIFICANT CONDITIONS CONexotic Henry Distase TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY PIPOSTATE NOV 17,1851 CARCINOMADF G-LAND 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from July 19 1950 to MAY 2, 195/, that I last saw the 1951, and that death occurred at 11.30 Pm., from the causes and on the date stated above. deceased alive on MAY 2 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2030 age 24A. BURIAL, CREMA-24D. LOCATION PLEASE town, or county TION, REMOVAL (Specify correct 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4033 Registered No. 2. DATE OF April 28, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Maryland (If outside corporate limits, write RURAL and give township Raltimore (If rural, give location) 715 S. Bond Street 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) | Months: Days | Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? IISA 14. MOTHER'S MAIDEN NAME Maria Anderson ADDRESS Records- US Marine Hospital, Balto, Md. ONSET AND DEATH hemontage 20. AUTOPSY YES X NO (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? , 19 5] that I last saw the 1951/to Apr. 28 _. 19 51, and that death occurred at 7:50P m., from the causes and on the date stated above. 235. DATE SIGNED

ADDRESS

OLE KRISTOFFERSEN A. Baltimore City, Maryland A. STATE B. FULL NAME OF US (If not in hospital or institution, give street address or HOSPITAL OR US Marine HOSPITAL location) C. CITY OR TOWN Wyman Pk. Drive & 31st St Yrs. O. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 8. DATE OF BIRTH

6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

INDUSTRY Sea farer

16. SOCIAL

17. INFORMANT SECURITY NO.

1/30/98

Norway

injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease,

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE OEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

deceased alive on Ar. 28

21D. TIME (Month) (Day) (Year) (Hour)

21B. PLACE OF INJURY (e. g., in or shout home, ferm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

WHILE AT NOT WHILE

WORK AT WORK

22. I hereby certify that I attended the deceased from April 25

23A. SIGNATURE

23B. ADDRESS US Marine Hospital, Balto,

24A. BURIAL, CREMA-24B. DATE REMOVAL (Specify)

24c. NAME OF SEMETERY OR CREMATORY | 240 LOCATION (City, town or county)

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DATE RECEIVED BY

LOCAL REGISTRAR 4-

OF INJURY

21c. WHERE DID

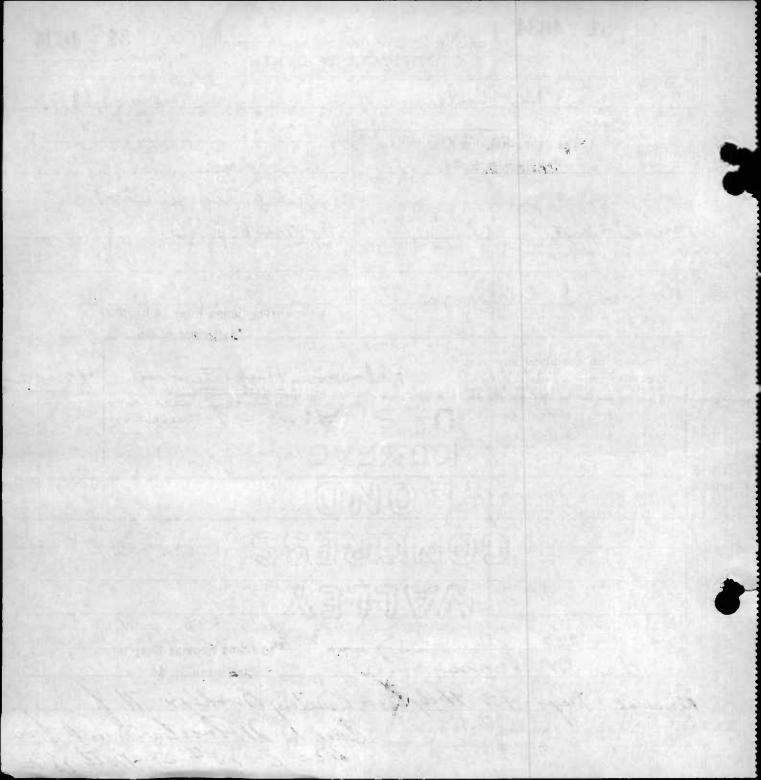
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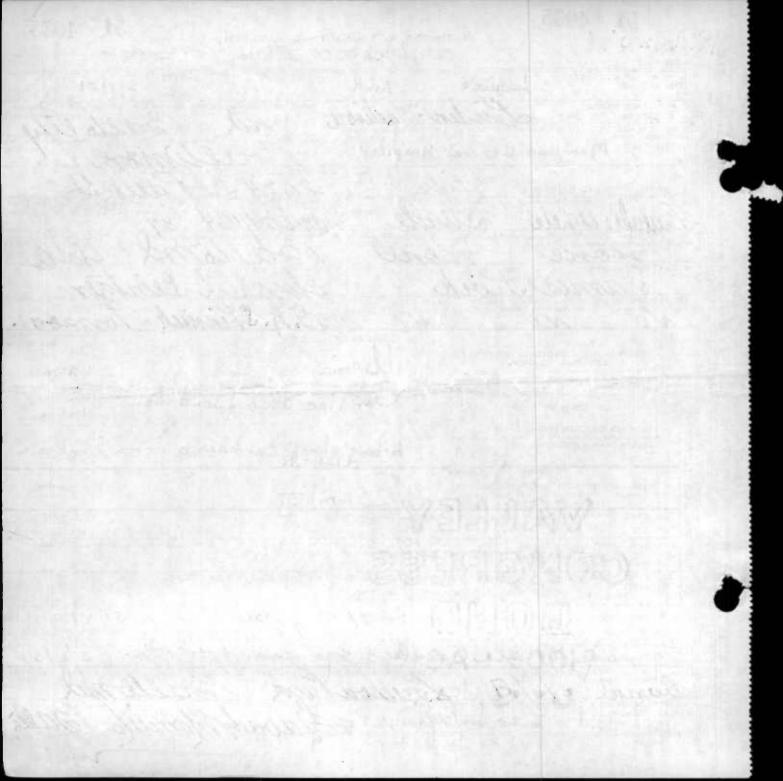
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BI	- 3 3	EALTH DEPARTMENT 51 4034 E OF DEATH Registered No.
1.	NAME OF DECEASED type or Print)	2. DATE OF DEATH WAYAN 3, 1951
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE B. COUNTY before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR STITUTION location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
3	Baltimore 5, Md,	D. STREET ADDRESS (Qural, give location)
-	Length of stay in Baltimore Mos. Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
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13	RATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (n. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT The Johns Hopkins Hospitaless
		Baltimore 5, Md.
		OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 Lit 110
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	monary Myperension 7 mos
	injury or complication which caused death.) DUE TO	genital Cifotic Disease
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ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
CA.	UNDERLYING CONDITION LAST. (C) ,	
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-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
	m. work AT WORK	
	deceased alive on 5-3, 1951, and that death occu	red at 545 2m from the causes and on the date stated above
-	23A. SIGNATURE M B	238, ADDRESS THE JUINS HOPKINS HOSPITAL 23c. DATE SIGNED
	M. D. M.	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TIC	N. REMOVAL (Specify) May 4-1951 Holly Gass	Cometing Brookly 7. 4. 157N
D/ LC	THE RECEIVED BY RESISTRAR'S SIGNATURE	Dail D Walreston Home

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	2. DATE OF DEATH	2-51
4. USUAL RESIDENCE	(Where deceased lived, If it	stitution : residence
A. STATE	B. COUNTY	before admission
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Registered No.

A. Baltimore' City, Maryland	A. STATE B. COUNTY before admission)			
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3x University Hospital	Boltemore, 16-67 township)			
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c. Length of stay in Baltimore Life Mos.	2901 Presstman St.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Under Year Under 24 Hours			
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UNDERLYING CONDITION LAST.				
<u>o</u>				
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.				
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21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?			
OF INJURY				
m. WHILE AT NOT WHILE MORK AT WORK				
22. I hereby certify that I attended the deceased from 4-14, 1957, to 5-2, 1957, that I last saw t				
deceased alive on 5-2, 19 5' and that death occurred at 1012 m., from the causes and on the date stated above				
	23B. ADDRESS 23C. DATE SIGNED			
K.C. & Mulaling June	Lew. 402p. 5-3-57			
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
TION, REMOVAL (Specify)	20 1 - 2001 Fraderich Ase			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	with sold installing of			
LOCAL REGISTRAR.	29 FUNERAL DIRECTOR			
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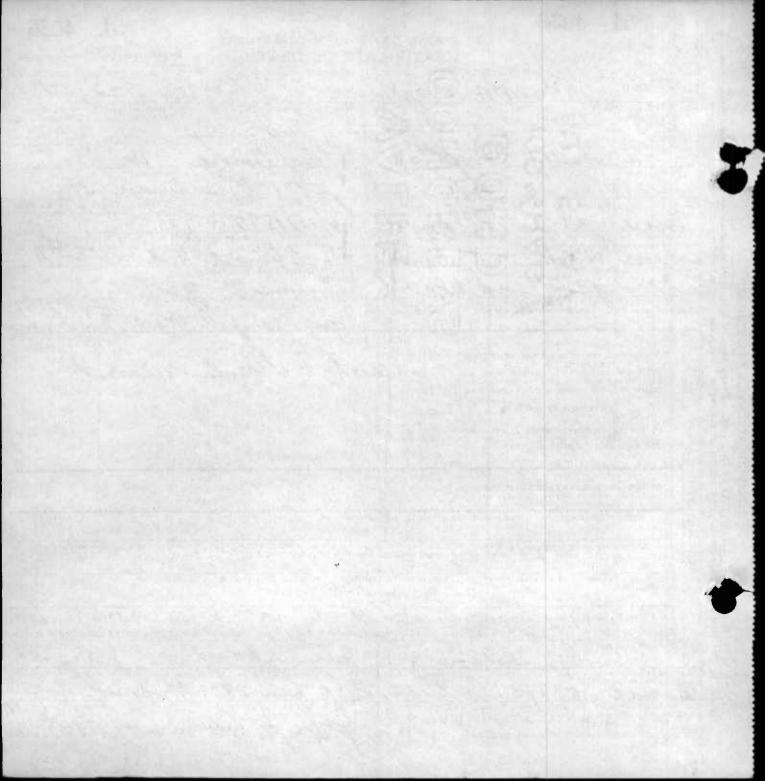
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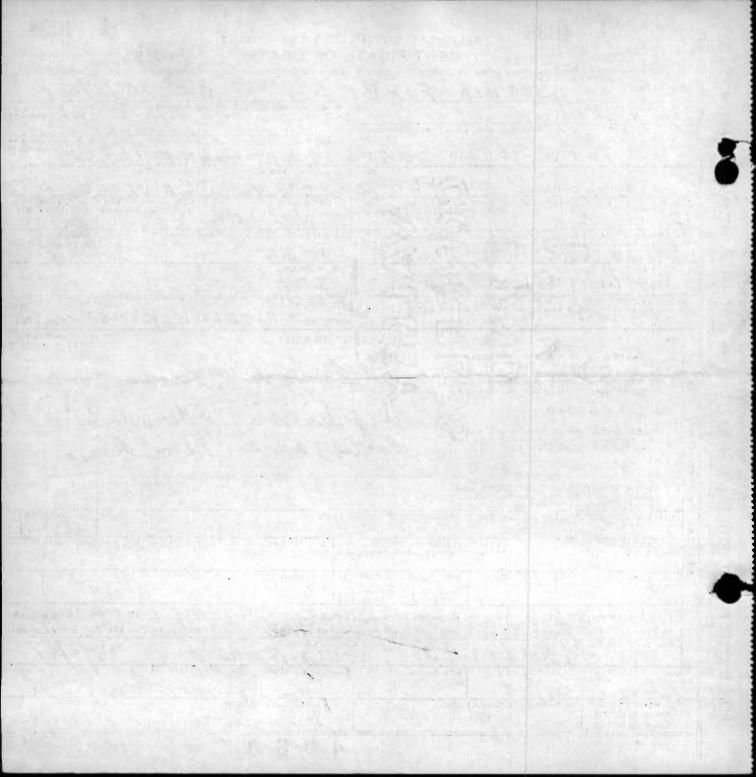
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В	IRTH NO.			CERTIFICA	TE OF DEAT	H Neg	istered No.	
	NAME OF DE	CEASED	Benn	en		2. DATE OF DEATH	5-2	-51
A		ity, Maryland	nital an inatitu	tion, give street address	A. STATE MA	ENCE (Where decease B. CC	ed lived. If inst OUNTY	itution: residence before admission)
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c	Length of st	ay in Baltimore	Sil	Yrs Mos Day	3563	ESS (If rural, give lo		123
5	SEX	6. COLOR OR RAC	E 7. SINGL	E, MARRIED. NED, DIVORCED (Specif	8. DATE OF BIRT		n years Unde thday) Month	I Year II Under 24 Hours B Days Houre Min.
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	18. 19	3 X .		CAUSE	OF DEATH			INTERVAL BETWEEN
		E OR CONDITIO				L. C.	O Roeme	
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7	19A. DATE OF	ERATION		FINDINGS OF OPI	1 /	e & Brain	Camach	20. AUTOPSY?
EDICA	3 - > - 21A. ACCIDE		218 PL	ACE OF INJURY (o. g.				exact location)
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	22. I hereby	certify that I	attended the	deceased from	step 19	1/to & May	. 19 87 t	hat I last saw the
	deccased all	ve on	×, 1951.	and that death occ	urred at A pm	, from the causes	and on the d	date stated above.
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	51 4039	LTIMORE CITY HE	EALTH DEPARTMENT	91	4039
-	200	CERTIFICATI		Registered No.	
BI	RTH NO.	CERTIFICATI	E OF DEATH		
	NAME OF DECEASED ype or Print) CLARENCE	W. COOK		2. DATE OF DEATH May 2	1951
	PLACE OF DEATH: Baltimore City, Maryland	unitaryan kabun	4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution : residence before admission)
	FULL NAME OF (If not in hospital or instit	ution, give street address or location)			
II	AZII Fernhill Av		C. CITT OR TOWN	outside corporate limits, v	township)
1/2			Baltimore		
		Yrs. Mos.	D. STREET ADDRESS (If I		
	Length of stay in Baltimore	Days	27 Poultney St		
5.	WIDO	LE. MARRIED, WED, DIVORCED (Specify) MARRIED	June 16, 1892	9. AGE (In years 11 lint last birthday) Month	les I Yeer II Under 24 Heurs Days Hours Min.
	A. USUAL OCCUPATION (Givekindof 10B. KIN		11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF
WOX.	Senior Elec. Pump Operator	Balto City	Maryland		WHAT COUNTRY
13	B. FATHER'S NAME	Water Dept	14. MOTHER'S MAIDEN NA	ME	
	Charles Cook		Sarah Crawford		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL, SECURITY NO.	17. INFORMANT		RESS
	yes (If yes, give war or dates of acryice) Yes World War #1	no	Mrs. Laura D.	Cook - 27 Poul	ltney St.
	18. (7/X		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	g, (A) Cystic	disease of lungs		3 years
	injury or complication which caused dea				
_	ANTECEDENT CAUSES		lungs		3 years
O	DISEASES OR CONDITIONS, IF ANY, GIV				***************************************
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10		(C)	***************************************	***************************************	***************************************
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED concestiv	e heart disease		3 months
	19A, DATE OF OPERATION 19B, MAJO				L 20. AUTOPSY7

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

CAUSE OF DEATH

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

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WHILE AT NOT WHILE WORK

19 5] that I last saw the 1948, to. and that death occurred at 4:00Pm., from the causes and on the date stated above.

22. I hereby certify that I attended the deceased from Jan deceased alive on April 30, 1951, and that death occur 23A, SIGNATURE 248 DATE

2431 Laryland Avenue 24C. NAME OF CEMETERY OR CREMATORY

238, ADDRESS

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY

LOCAL REGISTRAR

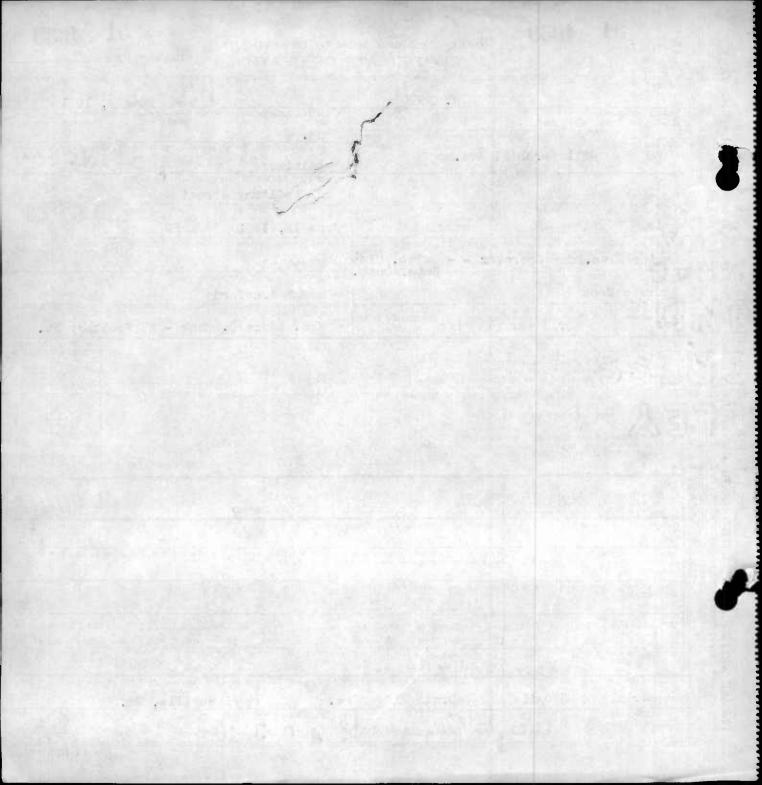
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REGISTRAR'S SIGNATURE

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ALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

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ВІ	RTH NO.			CERTIFICATI	E OF DEATH				- Challe o
	NAME OF D ype or Print)	John A	. Matt	hews		2. DATE OF DEATH	May	3.1951	
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H	STITUTION			a Home	c. CITY OR TOWN Baltimore	(If outside corpor	1	orite RURAL and g	
107				Yrs. Mos.	D. STREET ADDRESS		tion)		
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	Porter		Wheel	rights Supp				U. S.A.	
13	George	Matthews		md	Josephine	-	md	V	
15		D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT			RESS	
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	18. 49	1× .		CAUSE	OF DEATH			INTERVAL BETWE	
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IFIC		11		(C)			1		
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	22. I hereb	y certify that I at	tended the	deceased from 4-	4-, 1951, to.	5-3	_, 19 <i>51</i> _,	that I last saw	th
	deceased a	live on 5-2	_, 19 <i>5</i> L.	and that death occur	rred at 4:05 a.m., fro	m the causes ar	nd on the	date stated abo	ve
	23A. SIGNA	DR. Canal	hell	M. D.	718 Dollin	- 8r.		23c. date signi 5-3-51	ED
TH	Burial Burial	Specify) May 6	1951		RY OR CREMATORY 24	Ball	enno	ened.	e)
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B. COUNTY before admission) Baltimore (If outside corporate limits, write RURAL and give (If rural, give location) Nortolk Are. 9. AGE (In years Il Under I Year Il Under 24 Hours last birthday) | Months: Days | Hours | Min. 65 19 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS ustitute-Balto.15, N NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1951, that I last saw the Q.m., from the causes and on the date stated above. 23c. DATE SIGNED May 4. 51 24D. LOCATION (City, town, or county) Muriax DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT

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RESERVED FOR BINDING INK. Every item of information should please write the causes of death clearly	FICATION	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. J 3 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C)	N OF COUNTRY?
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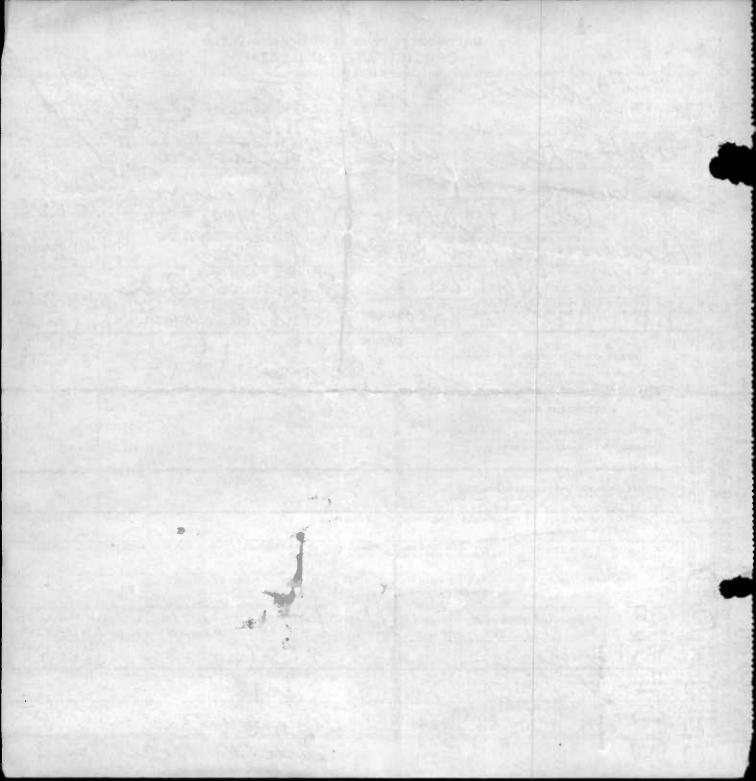
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supplied		S. PLACE OF DEATH: A. Baltimore City, Maryland B. CADNT B. CADNT B. CADNT	before admission
sn	H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR) (If not in hospital or institution, give street address or HOSPITAL OR)	limits, write RURAL and giv
6	IN	7 7 - Leamond & Ballimore	17-0 township
legn	C.	c. Length of stay in Baltimore Yrs. Mos. Days Days D. STREET ADDRESS (If rural, give location of the property of the proper	well st
uld be	5.	5. SEN 6. COODR OF RACE 7. SINGLE, MARRIED. Specify 8. DATE OF BIRTH 9. AGE (In year WIPOWED, DWORLD, Specify) 8. DATE OF BIRTH 1896 last birthday	rs f Under Year ff Under 24 Hours Min
of information should be uses of death clearly and	Wor	10A. USUAL OCCUPATION (Grekishof 10B, KIND OF BUSINESS OR INDUSTRY) For done during most of working life even if relieved.	12. CITIZEN OF
natio eath	13	13. FATHER'S MAINE 14 MOTHER'S MAIDEN NAME	11/
for d	15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	LADDROS 35
of in	(10	(Your of the property of the of service) Sections. Duslin Burnett	e-Haron st
em of causes		18. 581,0 1 CAUSE OF DEATH	INTERVAL BETWEE ONSET AND DEAT
y it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	2 3 mings
Every item write the cau		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
		ANTECEDENT CAUSES	
INK.	TION	(B)	
NG.	CAT	4 ONDEREN ING CONDITION EAST.	
ADI cian	RTIF		
UNFADING Physicians: 1	CERI	W TRIBUTING TO THE DEATH, BUT NOT RELATED	
H	AL (19a, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LY, WITH important.	EDIC,	21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore C	City, give exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
PLA ecially		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
	8		19, that I last saw th
ITE s esp	В	deceased afive on, 19 and that death occurred at, from the causes and	on the date stated above
WR]		W. Carner M.D. N3 (see ct	14367
PLEASE WRI	THE	244. BURIAL. CREMA-, 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, TON), REMOVAL (Specify) 5851	town, or county) (State)
PLE	70	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS 9
- 4	-	VS 150	02 001
		Leura Ital	1242



	y supplied.	
FOR BINDING	EASE WRITE PI LY, WITH UNFADING INK. Every item of information should be carry supplied.	ect age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING	UNFADING INK. Every	Physicians: please write th
	LY, WITH	important.
	EASE WRITE PI	rect age is especially

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AB-144425 BIRTH NO.	4045 BALTIMORE CITY HE CERTIFICATE		Registo	51 ered No.
1. NAME OF DECEASED (Type or Print)	Kenneth Davis		2. DATE OF DEATH	May
A. Baltimore City, Mar	yland	4. USUAL RESIDENCE (W A. STATE Maryland	B COUN	

(T	NAME OF DECEASED 'ype or Print)		Kennet	h Davis		OF M	lay 1-1951
3. A.	PLACE OF DEATH: Baltimore City, Man	yland			4. USUAL RESIDENCE (W	here deceased lived. It	
	FULL NAME OF (If	not in hospita	l or instituti	ion, give street address or			
	OSPITAL OR Balti	more Ci	ty Hosp	oitals location)	c. CITY OR TOWN (If Baltimor		ts, write RURAL and give township)
-				Yrs.	D. STREET ADDRESS (If	rural, give location)	
The second	Length of stay in Ba			ife Mos.		clay St. zon	
	M	OR RACE	7. SINGLE WIDOW Singl	E. MARRIED. PED, DIVORCED (Specify)	Feb. 24- 1921	last birthday), M	If Under I Year on the Days Hours Min.
worl	A. USUAL OCCUPATION a done during most of working life,	(Give kind of even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME	
		Fred Da			Rose Lee		
15 (Ye	s. WAS DECEASED EVER IN s, no or unknown) (If yes, gi	U, S. ARMED ve war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANBaltimo Records: 4940 Ea	re City Hosp stern Ave.	⊉\$ ₽₽₽₽₽₽
	DISEASE OR CO (This does not mean heart failure, asthenis injury or complicati	the mode of the the the	H dying, e.g is the disease	Commun (A) tento	OF DEATH Commic ifestive hydrocep rial block	pating halus	INTERVAL BETWEEN ONSET AND DEATH
ICATION	ANTECED DISEASES OR CON- RISE TO THE ABOVE UNDERLYING CON	CAUSE (A)	ANY, GIVIN	e DUE TO hemor	oiditis secondary rhage edullary cystic a cord neoplasm C		_
CERTIF	OTHER SIGNIFICA TRIBUTING TO THE D TO THE DISEASE OR	EATH, BUT N	OT RELATE	D			DIAGRA TOMA.
1	19A. DATE OF OPERA	TION 19	B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	4-29-195	1	Treph	ining and dra	inage both latera	l ventricles	YES NO X
MEDICA	21A. ACCIDENT WAS LYING OR CONTRI CAUSE OF DEATH	UNDER. BUTING	218. PLA		n or 21c. WHERE DID (I	f in Baltimore City,	
4	21D. TIME (Month) (I OF INJURY	Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify	that I att	and ad the		21 10.50	5.1. 10.5	1, that I last saw the
	deceased alive on	5-1-	naea the . 19 51 ., e	aeceasea from <u>+</u> and that death occur	rred at 2.25 Pm., from th	he causes and on t	h, that I last saw the he date stated above.
	23A. SIGNATURE	36.0	103	M.D. 4	940 Eastern Ave.,	Baltimore, Md	23c. DATE SIGNED
TIC	ATE RECEIVED BY RE	AB. DATE	-1951	44 NAME OF CEMETE	RY OR CREMATORY 24D. LC	Park B	or county) (State)

See Document File 51-4045 7/6/51 ES

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICA

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, 1951, and that death occ

218. PLACE OF INJURY (e.

21E. INJURY OCCUP

24C. NAME OF CEME

NOT WHI

about home, farm, factory, street, office bld

(C)

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7. SINGLE MARRIED ED. DIVORO

108. KIND OF

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ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

CAUSE OF DEATH

23A. SIGNATURE

24A BURIAL CREMA-TION REMOVAL (Syecify)

OF INJURY

21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING

deceased alive on 3 /144

The

21D. TIME (Month) (Day) (Year) (Hour)

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I E	OF DEATH	negistered .	
5		2. DATE OF DEATH	13/51.
4	STATE MAKYLAN	here deceased lived. If	institution : residence before admission)
	BALTIME	RE 17	ts, write RURAL and give
s.	STREET ADDRESS (If r	CANKLI	
ify)	SEP 98	53	if Under 1 Year If Under 24 Hours onths Days Hours Min.
RY		OLINA	12. CITIZEN OF WHAT COUNTRY
10	SARA BL	ACKEN	
17	7. INFORMANT	A	DDRESS
•	JOMA OF	STOMAC, CHLASIS	H UNK
ERATI			YES NO
g., etc.)	21c. WHERE DID (If	in Baltimore City,	give exact location)
RRED	21F, HOW DID INJURY	OCCUR?	
MA	at lo m., from th	MAY, 195 te causes and on t	that I last saw the he date stated above
Z3B.	lescy Hat		23c. DATE SIGNED 5/3/5/ , or county) (State)
	run	CATION (City, town	, or county) (State)

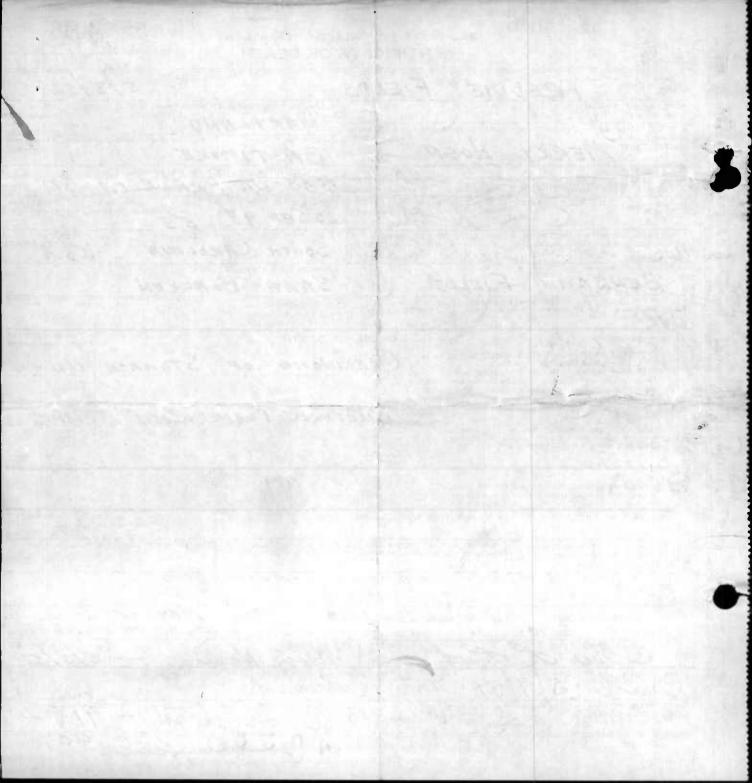
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from

24B. DATE

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PLEASE WRITE PL. Y, WITH UNFAI	correct age is especially important.

351	51	4047
BIRTH NO.		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	4047

DIDTH NO		C	ERIFICAL	E OF DEATH	- Registere	au No.
1. NAME OF E	DECEASED				2. DATE	
(Type or Print)		ille B. S	Stambaugh		OF DEATH ME	y 3, 1951
a. Baltimore	City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	
B. FULL NAME HOSPITAL OR		al or institution	n, give street address or location)			
INSTITUTION	201.2 Want	inudan As		C. CITT OR TOWN	imore	imits, write RURAL and giv
<i>II W</i>	2942 Hunt:	rugaon a	Yrs.		SS (If rural, give location)
c. Length of	stay in Baltimore	60 ve	ears Mos.	2942	Huntingdon Ave	enue
5. SEX	6. COLOR DE RACE	7. SINGLE, WIDOWE		8. DATE OF BIRTH		Months Days Hours Min.
Male	White	Widows	er	Dec. 28, 187	3 77	
vork done during most	CUPATION (Give kind of of working life, even if retired)		INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
Blacksmi1	th - Self Emp.	Loyed Re	etired 10 yrs	Marylan 14. MOTHER'S MAI		USA
Harry Sta						
	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Mary Eb	augn	ADDRESS
(Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		mbaugh Jr. 506	Woodland Avenu
18. 44	12X		CAUSE	OF DEATH	Wayne, Pa.	INTERVAL BETWEE
DISEA	SE OR CONDITION		A			A "
	LEADING TO DEA	of dying, e.g.,	(A) Carde	ecorromp	mostige	8 days
injury or	ure, asthenia, etc. It mes complication which	caused death.)	DUE TO		0	
	ANTECEDENT CAU	SES	Huma	Terrina C.	rdio Vascular	- 2
DISEASE RISE TO	s or conditions, i	F ANY, GIVING	(B)	will all de	a ada	
RISE TO UNDERL	THE ABOVE CAUSE (A)		DUE TO (
OTHER TRIBUTIN			(6)			
OTHER	II SIGNIFICANT COND	ITIONS CON-	_(C)			
	G TO THE DEATH, BUT	NOT RELATED			***************************************	
19A. DATE			INDINGS OF OPER	RATION		20. AUTOPSY?
S an Accid	ENT, SUICIDE.	1 315 BLAC	E OF INJURY (e.g.,	n or 21c. WHERE D	ID Off in Rultimore Ci	ty, give exact location)
21A. ACCID HOMICIDE	(Specify)		m, factory, street, office bldg.,			er, give exact totalion,
	(Month) (Day) (Year	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
OF INJURY			NOT WHILE			
22. I herei	by certify that I at			7	to 5-3- 1	951, that I last saw th
deceased a	live on 5.1=		nd that death occu	rred at 1.15am.,	from the causes and o	on the date stated above
23A SIGNA	TURE	,		28 W 25 K	2 NL	5-3-51
24A. BURIAL	CREMA- 248, DATE	q.	M. D.	TRY OR CREMATORY	24D. LOCATION (City, t	the state of the s
Burial	Specify) May 5,		Druid Ridge		Pikesville, M	
DATE RECEIVE	D BY REGISTRAR	S SIGNATUR		25. FUNERAL DIRE		ADDRESS
MAY 4 =	1951	the the	Williams, Miss	Burgee Fune	ral Home 3631	Falls Road
VS 150	10011	4		4 172	18 A BUMADO	7
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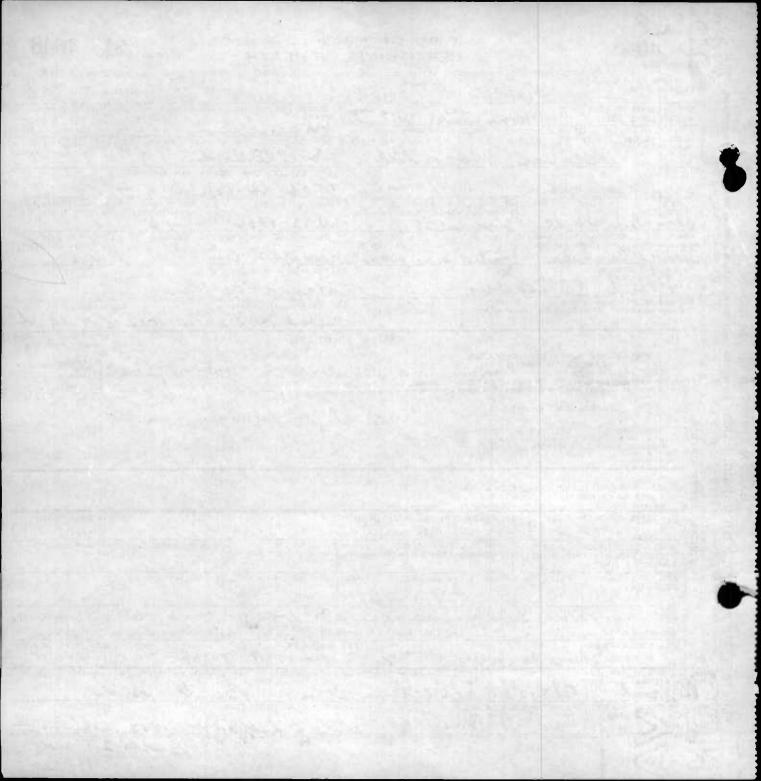
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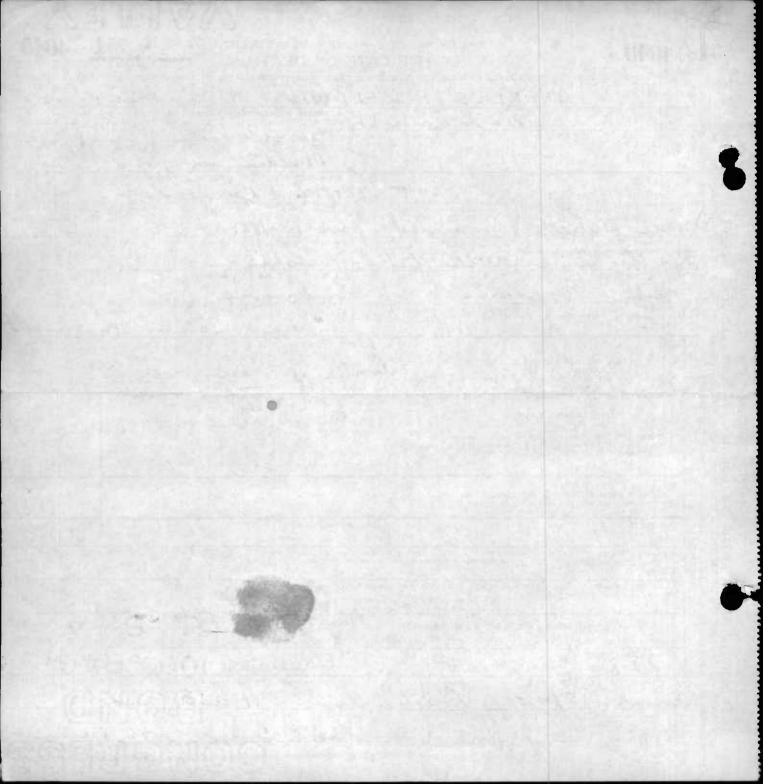
20. AUTOPSY

township)



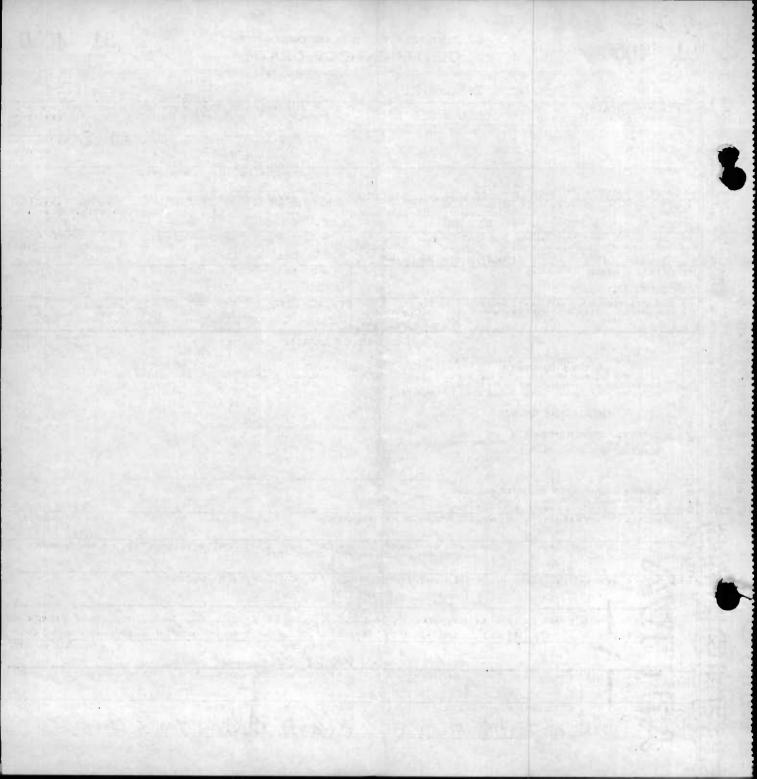
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4049			EALTH DEPARTMENT	Registered N	1 4049
BIRTH NO.				12 DATE	
1. NAME OF DECEASE (Type or Print)	CHARLES	A. BAL	PWIN	OF DEATH MAN	17-1951
3. PLACE OF DEATH:	aryland 1812 1. C		4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution: residence before admission)
	If not in hospital or institution		C. CITY OR TOWN (If	outside corporate limits	write RIPAL and give
INSTITUTION			Baltini	me. 65	township)
c. Length of stay in	Baltimore	60 4 Yrs. Mos. Days	1012 1.01	rural, give location)	
	OR OR RACE 7. SINGLE.	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH		Inder I Year H Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPATI working matter working	ION (Givekind of 108. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	gmen /seem	- rue a	14. MOTHER'S MAIDEN N.	AME	- <u>-</u>
James 1	Baldwin	•	hukmown		
(Ke, ao or unknown) (If ye	IN U, S. ARMED FORCES? 5, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		2 S. Charles
Z O LEADI (This does not me heart failure, asthe injury or complice ANTEC DISEASES OR CORSE TO THE ABOUNDERLYING COUNTY OTHER SIGNIFICATION OF THE TRIBUTING TO THE	CONDITION DIRECTLY ING TO DEATH an the mode of dying, e. g., ration which caused death.) EDENT CAUSES DINDITIONS, IF ANY, GIVING VE CAUSE (A) STATING THE ONDITION LAST. II CANT CONDITIONS CON- E DEATH, BUT NOT RELATED ON CONDITION CAUSING IT.		tono-Ich	osis	ONSET AND DEATH
19A. DATE OF OPE		INDINGS OF OPER			20. AUTOPSY?
21a. ACCIDENT W LYING OR CONT CAUSE OF DEATH		E OF INJURY (e. g., i m, factory, street, office bldg.,		If in Baltimore City, g	YES NO Live exact location)
OF INJURY	WH	IE. INJURY OCCURR ILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
22. I hereby certi deceased alive on	fy that I attended the d	^	lay 19 , to	3/1/17-,19	, that I last saw the
deceased alive on	4/30/57 , 19 , ar	nd that death occur	rred at 10 m, from t	the causes and on th	
23A. GIGNATURE	. J. mc Gra	M. D. 2	37 E Rawall	OV	23c DATE SIGNED
24A. BURIAL, CREMA-	(4B. DATE 24	C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) / (State)
DATE RECEIVED BY	REGISTRAR'S SIGNATUR	Fuelow 1:	25. FUNERAL DIRECTOR	illo mo	ADDRESS
LOCAL REGISTRAR	THE HUSE	W. V. O	Gest X Beile	N N-12	follingel
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PLEASE WRITE PI LY, WITH UNFADING INK. Every item of information should be care, y supplied. The	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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5	1050	EALTH DEPARTMENT Registered No.	4050
1.	NAME OF DECEASED	2. DATE	2 7057
	Henrietta T. Sakowski	DEATH	d,1951
3. A.	PLACE OF DEATH: Baltimore City, Maryland 703 South Wolfe Street	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution : residence before admission)
B. Ho	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location at Home	c. CITY OR TOWN (If outside corporate limits	
1	at nome	Baltimore-31,	township)
-	Length of stay in Baltimore 12 yrs Mos. Days	p. street address (If rural, give location) 703 South Wolfe Street	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years U last birthday) Mon	nder l Year ths: Days Hours Min.
	emale White Married A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		2 CITIZEN OF
worl	done during most of working life, even if retired) INDUSTR		WHAT COUNTRY
1700191000	ar Cleaner BALTIMORE TRANSIT CO.	14. MOTHER'S MAIDEN NAME	
	Joseph M. Ramey	Laura J.Wheeler	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (, no or maknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AD James F. Sakowski 703 South Wol	DRESS fo Street
-	1960-28-3378	OF DEATH	INTERVAL BETWEEN
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Census of Luy Bronching	nic)
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
O.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
AL			YES NO
EDIC,	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		ve exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE AT WORK AT WORK AT WORK NOT WHILE	The state of the s	
	22. I hereby certify that I attended the deceased from deceased alive on 3, 19 1, and that death occur	erred at / Em., from the causes and on the	
		23B. ADDRESS 441 & Ellwood are	23c. DATE SIGNED
24 TI	A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMET Burial New Cathedral		r county) (State)
N	ATE RECEIVED BY REGISTRAR'S SIGNATURE		address
	VS 150	5-1	470



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4051

BIF	RTH NO.			OLIVIII IOAT	L OI DEAI		
	NAME OF D	EGEASED (MA	RGARET	F. BRAUER)	raret	2. DATE OF BEATH	nay 5-1
	PLACE OF D Baltimore (EATH: City, Maryland	/	0	4. USUAL RESID	ENCE (Where deceased lived, In B. COUNTY	institution: residence before admission)
B. F	B. FULL NAME OF (If not in hospital or institution, give street address or						
	HOSPITAL OR INSTITUTION location)				C. CITY OF TOWN (If outside corporate mits, whe ROKAL and give township)		
75	1 race	00. 1. 0.00		Yrs.	D. STREET ADDR	ESS (If rural, give location)	
c.]	Length of s	tay in Baltimore	Life	Mos. Days	1816N	19 roadwon	2
5. 5	SEX	6.COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRT	H 9. AGE (In years	H Under 1 Year If Under 24 Hours on the; Days Hours : Min.
	F	W		rried		785 65	Jays Hours Mill
10A	done during most of	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
	House	wife	at	4	Dalh	more Mal.	U.S.A.
13,	FATHER'S N				14. MOTHER'S M	AIDEN NAME	1
1.6		G. Gerlac			July	el Mangan	W.
(Yes,	NO OF UNKNOWN)	D EVER IN U.S. ARMEI (If yee, give war or date NO	of service)	security no. None	17. INFORMANT	Mrs. 0 1816	N. Broadway
П	18. /4	19.8.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	OR CONDITION	DIRECTLY	20-	2 -1	A. "	L
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						7 mos.
		complication which			deno	cancinó	no (over)
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
IC							
RTIFICATION	OTHER 6	II COND	TIONS				
E E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
,				FINDINGS OF PER	ATION A		20. AUTOPSY?
A	2/00	oni 51	N	recolor	ic all	noconcenor	
EDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
Σ.	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCCUR?	
	OF INSURT		m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from 160,200, 1951, to 3 may, 195, that I last saw the						
	deceased alive on 19 frand that death occurred of 2:10 Pm., from the causes and on the date stated abo						
	23A. GIGNA		Vi		as. ADDRESS	Home THoop.	3 May 5/
24	A. BURIAL.	CREMA- 24B. DATE	7	24C. NAME OF CEMETE			, or county) (State)
TIO	Buria	1 5/7/51		Loudon Pa	ark Cem.	Baltimore, Mo	i.
DATE RECEIVED BY REGISTRAR'S SIGNATURE RECEIVED BY REGISTRAR'S SIGNATURE HENTY SANGET SONS, Inc. ADDRESS							
_N	IAY 4-1	95 that	Wille	EULBO	Baltimore	1 - 6 3/3	1 Sander
	VS 150		The state of the s	- This			
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S1 4052 Registered No.

- 10						
	NAME OF DECEASED Julia amelrozas	2. DATE OF DEATH	5-1-51			
Α.	PLACE OF DEATH: Baltimore City, Maryland Balto -	4. USUAL RESIDENCE (Where deceased) A. STATE B. COU	lived. If institution: residence NTY before ndmission)			
	FULL NAME OF (If not in hospital or institution, give street address or location)	mex .				
	STITUTION 238 Dorsing (Sourt	C. CITY OR TOWN (If outside corporate limits, by to RURAL and give township)				
	Yrs.	D. STREET ADDRESS (If rural, give long	tion)			
C.	Length of stay in Baltimore Mos. Days	2385 Spring The	X			
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH S. AGE (In y last hirthe	ears II Undor 1 Year If Under 24 Hours Ay) Months Days Hours Min.			
1 C	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of loss KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11-0-9.			
	7	Z MAIDEN NAME				
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL b, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS			
(10	SECURITY NO.	Clexander Cembrook	- 238 Spring Can			
	18. 420 CAUSE	OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	+ (& /				
	(This does not mean the mode of dying, e.g., (A)	il le (donar) Occussos	10 hour			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	210 21				
	ANTECEDENT CAUSES	mana (Intern / theresil	400 10-12 m			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
TIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO STATE OF CHIEFE					
CA	(C)	J Coración George	P			
E	II					
RT	OTHER SIGNIFICANT CONDITIONS CON-					
CE	TO THE DISEASE OR CONDITION CAUSING IT.					
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					
DICAL	21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, given the control of the					
MEDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 6. ebout home, farm, factory, street, office bldg., cause of Death	INJURY OCCUR?	e City, give exact location)			
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?				
	m. WHILE AT NOT WHILE MORK AT WORK					
	22. I hereby certify that I attended the deceased from 4-29-57, 19, to 5-1-51, 19, that I last saw the					
	deceased alive on \$ 1-5/ 19, and that death occur	red att: 15 P.m., from the causes an				
1		3B ADDRESS	23c. DATE SIGNED			
	M.D.	645/1-1. 12100	9-7-71			
71	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		y, town, or county) (State)			
_	12urcal. 3-3-51 Holy 1100	- Juli	1000			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR	Wolled			
311	VS 150	14 11 11 11				
1	A CONTRACTOR OF THE PROPERTY O		9160			

Dr. Rangla -642 Washington Block LE . 4600 HOURS II AM . TO - I PM

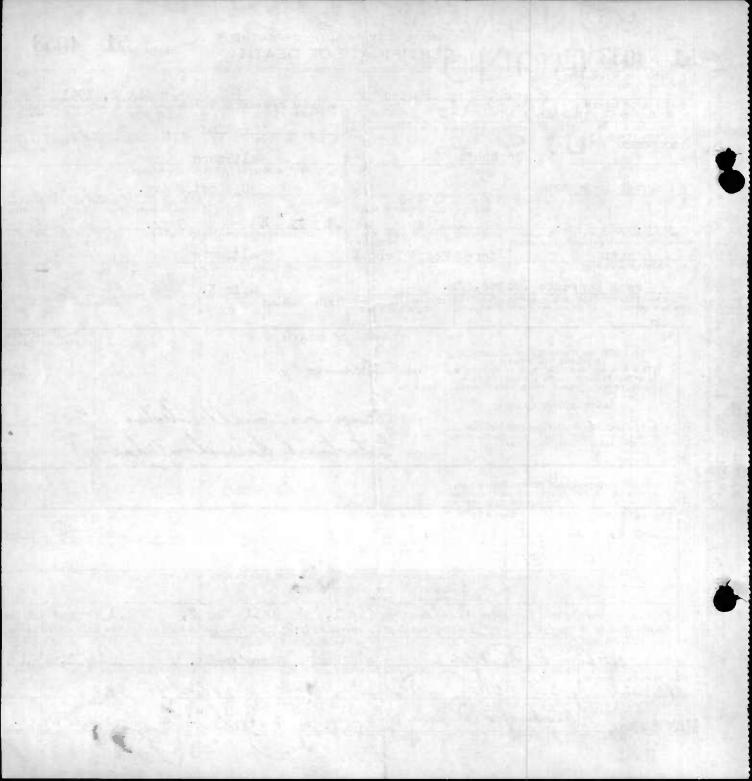
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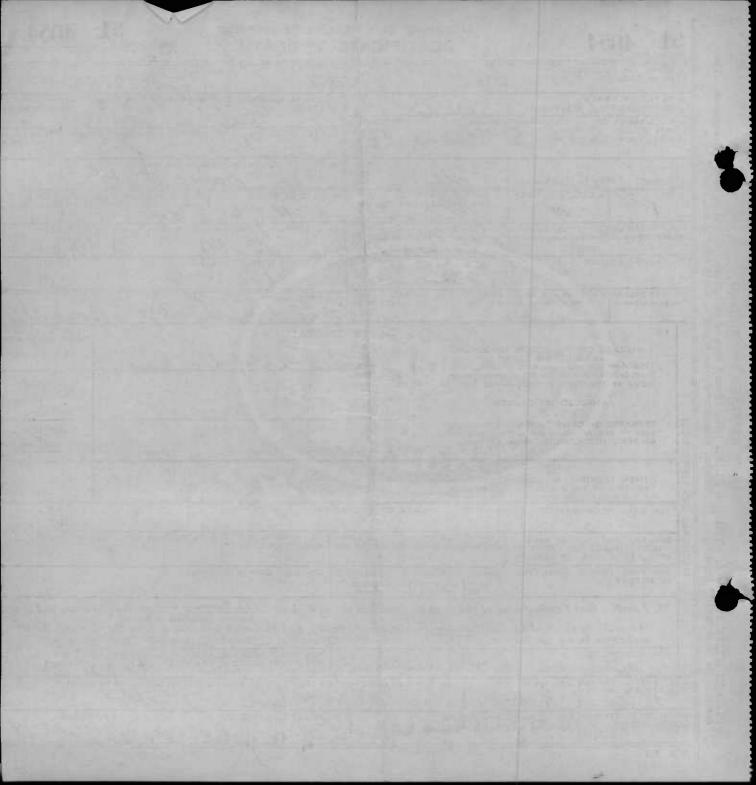
PLEASE WRITE FOLLY, WITH correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4053

-							
	NAME OF DECEA		olc Mox	Towns one V		2. DATE OF	2 זמלז
3.	3. PLACE OF DEATH:				4. USUAL RESIDENC	E (Where deceased lived,	
	A. Baltimore City, Maryland				A. STATE	B. COUNTY	before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				Mary	land	11
130	MINIMAN			location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
4		St. Jo	seph's		Balt	imore L	o township)
				Yrs.	D. STREET ADDRESS	(If rural, give location)	
c.	Length of stay i	n Baltimore		Mos. Davs	3303	Foster Ave.	
_		DLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9 AGE (in years)	II Under 1 Year II Under 24 Hours
	975	187		VED, DIVORCED (Specify)	11 3 000	last birthday)	Months Days Hours Min.
10	A. USUAL OCCUP	TION (Cine hinder	10p KINI	ingle O OF BUSINESS OR	11. BIRTHPLACE (State	9 yr	
work	done during most of work	ing life, even if retired)	IOB. KINE	INDUSTRY	II. BIRTHFLACE (SIER	or foreign country)	12. CITIZEN OF WHAT COUNTRY:
	Student		Sacred	Heart School	Balt	imore	
13	. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME	
	Frank La	wrence Fos	ster. J	r.	Mani	e K. Boehm	,
15	. WAS DECEASED EV	ER IN U. S. ARMED	FORCES?	I 16. SOCIAL	17. INFORMANT	e v. Vocin	
(Ye	, no or unknown) (11	yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
-	No						
	18. 570.	3 .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE O	CONDITION	DIRECTLY				OHOE! AND BEATH
	LEA	DING TO DEAT mean the mode o	ГН		and co		
	heart failure, as	henia, etc. It mea	ns the diseas	se,			
	injury or comp	lication which c	aused death	a.) DUE TO			
	ANT	CEDENT CAUS	SES			10.1.	
Z	DISEASES OF CONDITIONS IS ANY COURSE						
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
A	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO G				1. 11	1: 11	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) July Line of Condition (Lidenberg)						(m)	
RTIFIC		11					
2		FICANT CONDI					
OE	TRIBUTING TO	THE DEATH, BUT	NOT RELATI	ED IT			
-	TO THE DISEASE OR CONDITION CAUSING IT.				ATION		20, AUTOPSY7
A	May 2, 1951 Volvulus, Ileum			E.E.		YES Y NO	
DICA	214 ACCIDENT	OT INDED		ACE OF INJURY (e.g., is	or 21c. WHERE DID	(If in Baltimore City	200
MED	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID (If in Baltimore City, give exact location)						
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21E-HOW DID INJURY OCCUR?						
	OF INJURY WHILE AT NOT WHILE						
	m. work AT WORK						
	22. I hereby certify that I attended the deceased from May 1, 1951, to May 2, , 1951, that I last saw the						
	deceased alive on May 2, , 1951, and that death occurred at 6:25pm., from the causes and on the date stated above,						
	23A. SIGNATURE	00 -	0		3B. ADDRESS		23c. DATE SIGNED
	7,91	lien A. K	colos	. S . M.D.	NOO'N Carolin	ne St.	Marr 2 1951
24	A. BURIAL, CREM.	- 24B. DATE		24c. NAME OF CEMETE		D. LOCATION (City, tow	n, or county) (State)
TIC	N, BEMOVAL (Specify	" 1-7-	5-01	Magazi	slowed-	Month.	2
D.	TE RECEIVED BY	I DECLETE	0 0 0 0 0 0 0	Thered	OF FUNDERS	Sallo	APPOSS
	CAL REGISTRAR	REGISTRAR'	SIGNATI	PF ALL AL ME	25 FUNERAL DIRECT	0011	ADDRESS
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E OF DEATH	Registered I		4000
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edes-	OF DEATH	2,1	1951
4. USUAL RESIDENCE (Who		institutio be	n : residence efore admission)
C. CITY OR TOWN (If or	itside corporate limit	s, wrige R	RAL and give township)
737 argon	ral, give location)	siv	
aug31, 1886	9. AGE (In years last birthday) Mo	t Under 1 Year on the Day	Hours Min.
11. BYTHPLACE (State or fore	ign country)	12. CIT	ZEN OF
9. WITHER'S MAIDEN NAM	Grant		
Mrs E. Cilee	e Parr 3	DDRESS	7. uller de
OF DEATH		INTE	RVAL BETWEET ET AND DEATH
rebral Hemorrha	ge.	2	weeks
Hvpertension		u	nknown
Arteriosclerosi	S	u	nknown
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ATION		20 YE:	AUTOPSY?
or 21c. WHERE DID (If tc.) INJURY OCCUR?	in Baltimore City,	give exac	t location)
21F, HOW DID INJURY	OCCUR?		
il 18th 19 5 to Ma	v 2nd., 195	7, that 1	last saw the
red at 9.29.m., from the 3B. ADDRESS Ol E. 25th. St.		23c. E	ATE SIGNED
RY OR CREMATORY 24D. LOG			
25. FUNERAL DIRECTOR,		ADDRE	Ind
25. FUNERAL DIRECTOR	110-1	ADDKE	33 //

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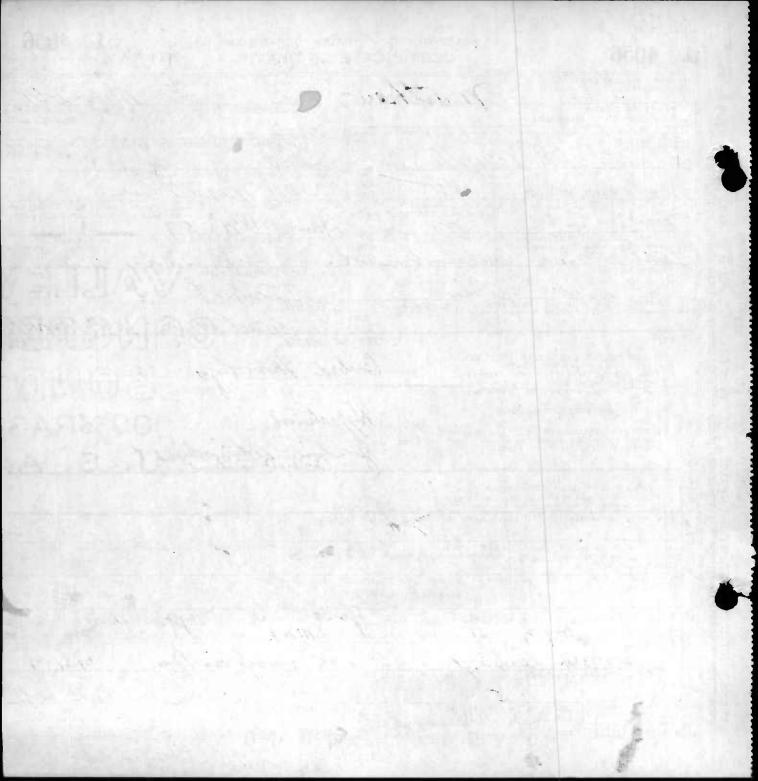
LOCAL REGISTRAR

VS 150

D- 51	1 4056 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	056
lied.	1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH OF DEATH DEATH A. USUAL RESIDENCE (Where deceased lived. If insulution:	?-5/
		re admission)
d b	c. Length of stay in Baltimore 39 Mos. Days D	If Under 24 Hours
shoul	Festilize mijer apridam Chemial to. Jackson M.C. U.	9 9 9 9
nforma of deat	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO. 17. INFORMANT ADDRESS	70.
Every item of i		A BETWEEN AND DEATH
INK.	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) WY O C C C C C C C C C C C C	
NF hys	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
WITH ortant.	YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact lo bout home, form, factory, street, office bldg., etc.) 1NJURY OCCUR?	NO Pocation)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
WRITE P	(Amon of the tile of the same the 6/2	
EASE rrect	24A. BYRIAL, CREMA- TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR M. D. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ADDRESS ADDRESS	(State)

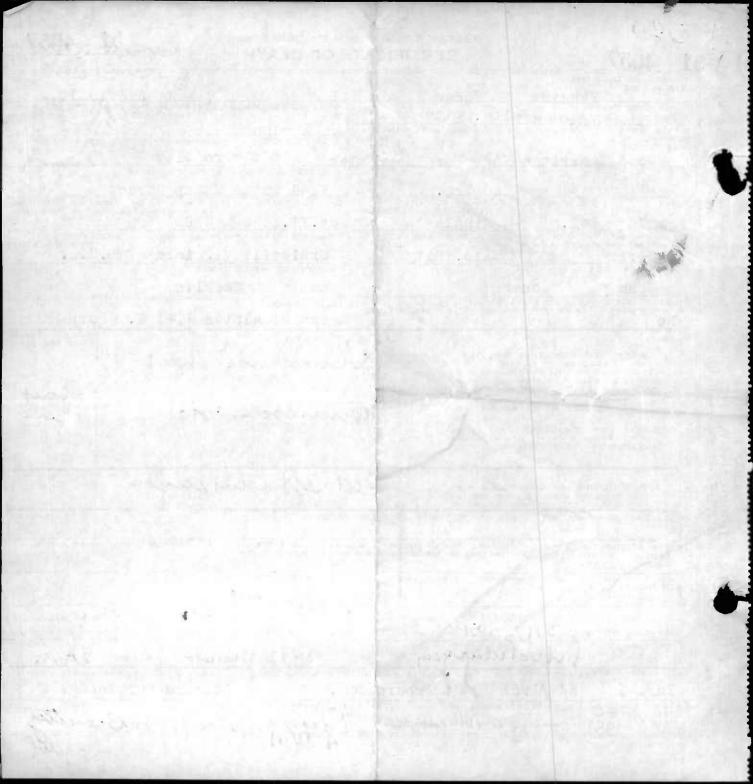
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20. AUTOPSY? YES y, give exact location) II, that I last saw the n the date stated above. 23c. DATE SIGNED wn, or county) (State) , Math Carolina ADDRESS



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MARGIN RESERVED FOR BINDING	NLY, WITH UNFADING INK. Every item of information should be you supplied. The youngortant. Physicians: please write the causes of death clearly and legible.
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	should be early and l
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MARGIN RESERVED FOR BINDING	NLY, WITH UNFADING INK. Every item of information should be important. Physicians: please write the causes of death clearly and legible.
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h	age is especially
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7	520	BALTIMORE CITY HE	EALTH DEPARTMENT	51	1057
5	1 IRTH 4057	CERTIFICAT	E OF DEATH	Registered No.	4007
	I. NAME OF DECEASED (Type or Print)	Jones		2. DATE OF DEATH 5/3/T	951
	A. Baltimore City, Maryland Balto	. City	4. USUAL RESIDENCE (WI	here deceased lived, It inst B. COUNTY	titution : residence before admission
	B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If o	outside corporate limits, w	rite RURAL and giv
	c. Length of stay in Baltimore 20	Yrs. Mos.	D. STREET ADDRESS (If re	ural, give location	
	5. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED, (Specify) ingle	8. DATE OF BIRTH		er l Year II Under 24 Hours Days Hours Min
		kind of Business or Industry	Druidvill Vir	ginia U.	CITIZEN OF WHAT COUNTRY
	John Jones		14. MOTHER'S MAIDEN NA Emily Mack		
	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give wer or dates of service)	CES7 16. SOCIAL SECURITY NO.	17. INFORMANT Margaret Alstor		RESS larp St
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyir heart failure, asthenia, etc. It means the injury or complication which caused	og, e. g., (A) disease, death)	retral asci	······································	INTERVAL BETWEEN
	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	, GIVING	rferi o solew	rt v	l year
	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IN TO THE DISEASE OR CONDITION CAUSE		of left hering	pligta	
1	19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	LYING OR CONTRIBUTING abou	B. PLACE OF INJURY (e. g., i t home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give	
	21D. TIME (Month) (Day) (Year) (House OF INJURY		a usos.	OCCUR?	
		and a second	rred at 2:25 m., from th	e causes and on the	hat I last saw th date stated above
		urye, M.D.	912 Brown	Is faux	5/3./5
	24A. BURIAL CREMA: 24B. DATE TION REMOVAL (Specify) 5/7/1951	Mt Arburn Ce	em. Balti	imore Maryla	
	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNAY 4 - 1951	21/11 .	Elioy O, Wils	on 10+1 Be	antly
	VS 150	9709	म प्राप्त प्र	8:	antly 3a abl



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WRITE PL	is especially
PLEASE W.	correct age

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If instruction : residence HBalto. A. Baltimore City, Maryland B. COUNTY before dmission) (If not in hospital or institution, give street address or The Johns Hopkins Hospital location) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RedAL and give INSTITUTION township) Baltimore 5. Md Yrs. D. STREET ADDRESS (If rural, give location) Mos. I 2 Yrs. c. Length of stay in Baltimore Days herrow 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under 1 Year II Under 24 Hours Last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Widowne OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? DOMESTIC CAROLINA Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT The Johns Hopkins Hospitalss (Yes, no or uoknown) SECURITY NO. Raltimore 5 Md 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, · Siscolu injury or complication which caused death.) over) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPS AL 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) Ö LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 22. I hereby certify that I attended the deceased from_ 4-19 1951. to 5-1

, 19.21, that I last saw the 19.51, and that death occurred at 4367, m., from the causes and on the date stated above.

| 23B. APROFIANS HOPKINS HOPKINS | 23c. DATE SIGNED deceased alive on 23A. SIGNATURE 23c. DATE SIGNED

24B. DATE

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 5 I951 Arbutus Mem. DATE RECEIVED BY

Baltimore Md

ark REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

VS 150

LOCAL REGISTRAR

Autorsy o 23002 rules out tuberculosis-

"Miliary tunor implants in right lower lobe, myocardium, lymph nodes, liver, pancreas, kidner in peritoneum.

Purulent cholecystitis and cholelithiasis.

Right hydrothorax. ?Splenic infarct.

Hyperplasia of thyroid gland.

6/29/51/ LS

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Š	gibly.
INDING	PLEASE WRITE P. LY, WITH UNFADING INK. Every item of information should be correct age is especial, important. Physicians: please write the causes of death clearly and legibly
VED FOR E	Every item evrite the cause
MARGIN RESERVED FOR BINDING	UNFADING INK. Physicians: please
4	ALY, WITH
	PLEASE WRITE P. TLY, WITH UN correct age is especiav, important. Phy

654	EALTH DEPARTMENT 51 1059				
	E OF DEATH Registered No. 1 4059				
I. NAME OF DECEASED (Type or Print) Florence I. Arnold	of Death May 3, 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Maryland				
HOSPITAL OR location Road location					
Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 4637 Reisterstown Road				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single	8. DATE OF BIRTH June 15, 1881 9. AGE (In years last birthday) Jast birthday) Months: Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Retired School Teacher Public Schools	Baltimore, Md.				
13. FATHER'S NAME Peter G. Arnold	14. MOTHER'S MAIDEN NAME Eleanora Hayward Truitt				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
No None	Miss Edna W. Arnold, 4637 Reisterstown Rd				
hesrt failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	eneroused Metostosis scites. even Effusion				
OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED O TO THE DISEASE OR CONDITION CAUSING IT.					
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	YES NO				
Z 1A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY n. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from 1947, 19, to 3 may, 1957, that I last saw the deceased alive on 3 may, 1957, and that death ocurred at 11,15Pm., from the causes and on the date stated above. 234 SIGNATURE 235. ADDRESS 235. DATE SIGNED 5/3/5/					
24A. BURIAL, CHEMA- TION, REMOVAL (Specify) Burial May 7, 1951 Woodlawn Cei	metery Woodlawn, Md.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAY 4 - 1951	The Amoreau Heights Ave.				
vs 150 093 FV	46E				

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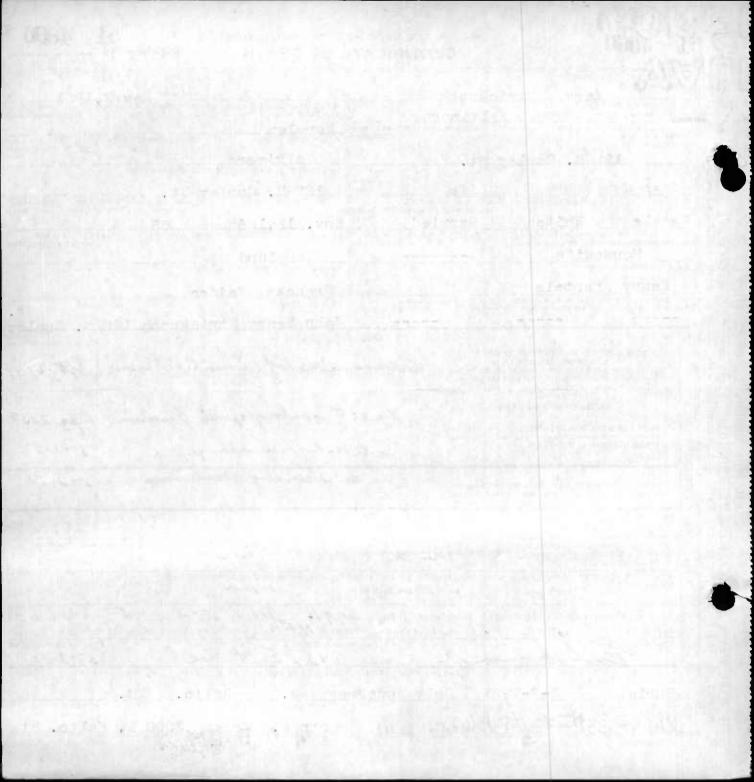
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE 4. USUAL RESIDENCE (Where deceased lived it institution: Mary Strickroth S. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RERAL and give C. CITY OR TOWN INSTITUTION 22 S. Curley St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Life Curley Davs AGE (In years) a should be learly and le 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White Married Nov. 12.1885 65
11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Bartels Frances Weider 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes John Henry Strickroth 122 INTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 0 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 4 Physicians: RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL ann important. me 218. PLACE OF INJURY (e. g., in or about home, farm rectory street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ☐ CAUSE OF DEATH 21c. WHERE DID (If in Baltimore City, give exact location) ă Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY more WHILE ATT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 15/16, to 5-2, 1957, that I last saw the deceased alive on 5-1, 1951, and that death occurred at 45 P.m., from the causes and on the date stated above. . 195 , that I last saw the RITE is espe 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Holy Redeemer Cem. Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR VS 150

Balto.



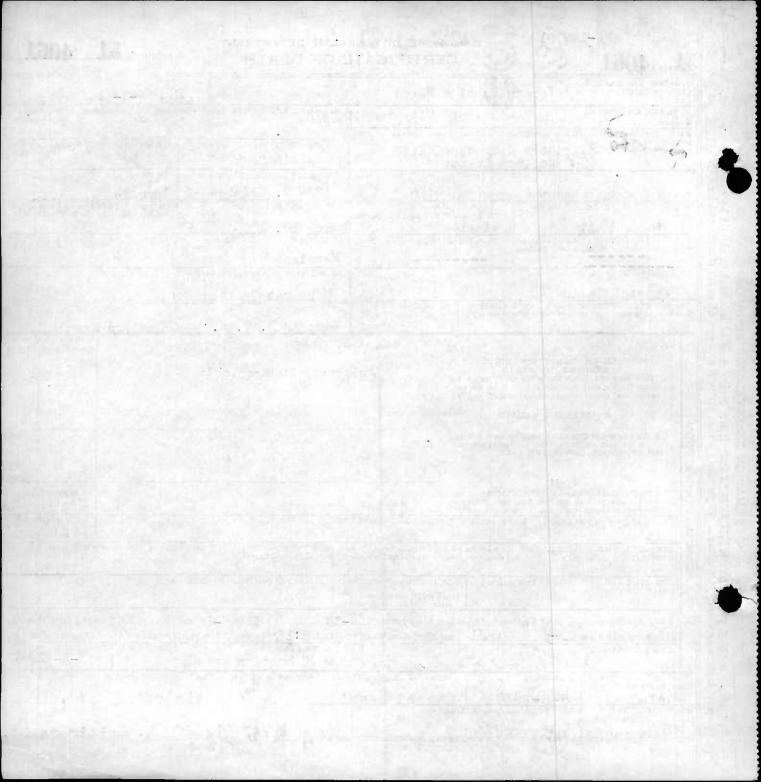
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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are Brocese or		

-01	RTH NOLUCE					
1. (T		h Patrick Re			2. DATE OF DEATH 5-2-	
A.	Dailotti Caro,			A. USUAL RESIDENCE (V	Where deceased lived, If a B. COUNTY	institution : residence before admission)
В.	FULL NAME OF (If not in hospit	al or institution, give	street address or	Md.		11
	Baltimore 1940 Easte	City Hospita	location)	c. CITY OR TOWN (If Baltimore	outside comprate limit	township)
-		THE SAV CHOIC	Yrs.	D. STREET ADDRESS (If	rural, give location)	
		T . c	Mos		-	
	Length of stay in Baltimore	Lif	- Days	1224 S. Clinto		
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARR WIDOWED, DIV	OPCED (Specific)	8. DATE OF BIRTH	9. AGE (In years If	under 1 Year If Under 24 Heurs https://doi.org/10.1001/10.
	M White	Single	OKCLD (Specify)	March 19, 1898	53	arens Duys 110018 Arm.
10	A. USUAL OCCUPATION (Givekind of		SINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
worl	done during most of working life, even if retired	TOB. KIND OF BO	INDUSTRY		ordin country)	WHAT COUNTRY?
			-	Maryland		
13	. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	Potniak Baron			Manual Carta		
1 60	Patrick Regan . WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SC	CIAL	Margaret Colte		
(Ye	a, no or nnknown) (If yes, give war or date	on of service) SE	CURITY NO.	17. INFORMANT	AI	DDRESS
				Records B. C. H	. 4940 Easter	n Avenue
	18. 002 Y		CALLER	OF DEATH		INTERVAL BETWEEN
	001		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION		D -	m		0
	LEADING TO DEA (This does not mean the mode		A	monary Tuberculos	15	Several
	heart failure, asthenia, etc. It me	ans the disease,				Mos.
	injury or complication which	caused death.) Du	E TO			
	ANTECEDENT CAU	SES				THE PARTY OF THE P
Z			(B)			
0	DISEASES OR CONDITIONS.					
5	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L		E TO			
C						
Ŀ			(C)		******************************	
ERTIFICATION	OTHER SIGNIFICANT COND	ITIONS con				Several
EF	TRIBUTING TO THE DEATH, BUT	NOT RELATED	Ponto1	Cirrhosis		Months
U	TO THE DISEASE OR CONDITION					
	19A. DATE OF OPERATION	19B. MAJOR FINDI	NGS OF OPER	ATION		20. AUTOPSY?
V				MILES THE STATE OF THE		YES NO L
EDICA	21A. ACCIDENT, SUICIDE.	218. PLACE OF	INJURY (e. g., is		If in Baltimore City, g	give exact location)
C)	HOMICIDE (Specify)	about home, farm, factor	y, street, office bldg., e	tc.) INJURY OCCUR?		
Z) (TT) 1 -1		ED 015 HOW DID IN	V OCCUPA	
	21D. TIME (Month) (Day) (Year OF INJURY		JURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	C	m. WHILE AT	NOT WHILE			
	22. I hereby certify that I at	tended the deceas	ed from 1	-19 , 19 51 to 5	_2, 19_5	, that I last saw the
	deceased alive on 5-3	1951 and the	at death occur	red at 9:15Am., from t	the causes and on th	he date stated above.
	23A, SIGNATURE		2	3B. ADDRESS		23c. DATE SIGNED
	(1.1.7	C821-		4940 Eastern Av	renue	5-2-51
-	4A. BURIAL. CREMA-I 24B. DATE	1 24c MA	ME OF CEMETE	RY OR CREMATORY 24D. L		or county) (State)
TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	(/ Z4C. NA	ME OF CEMILIE	AT OR CITEMATOR 240. E	Control (Only town)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Burial 5-5-19	Saci	red Hear	t/) Be	ltimore	Md.
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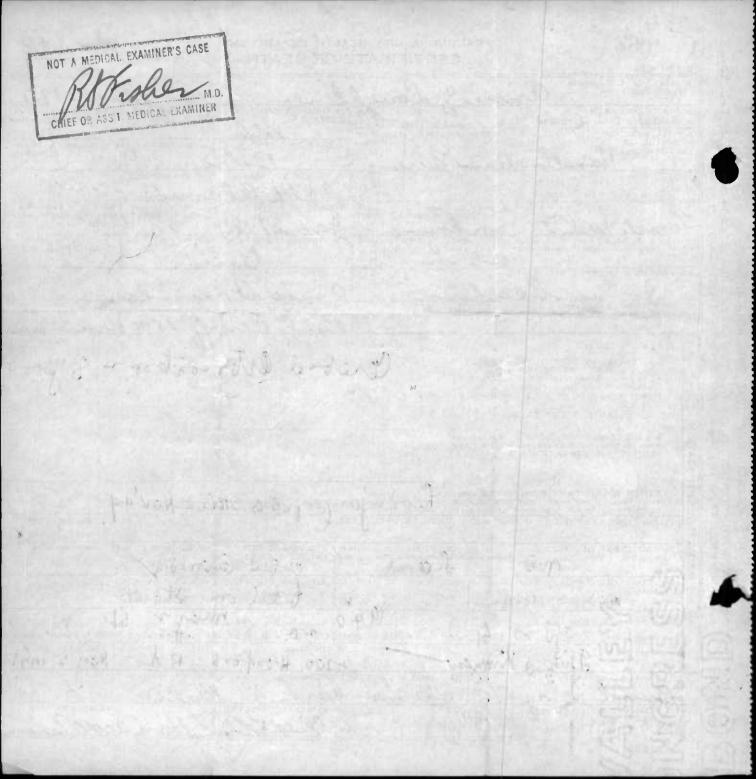
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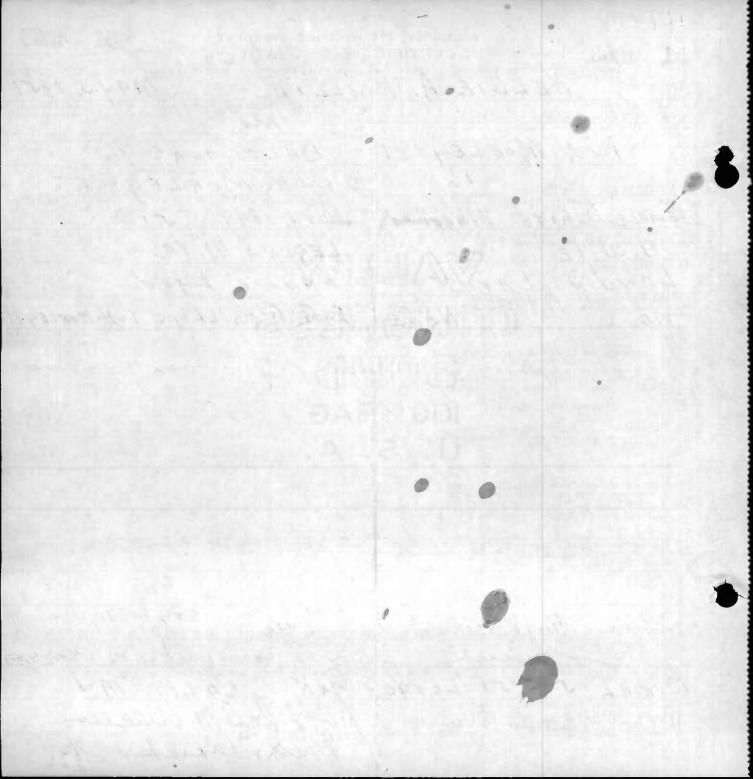
BALTIMORE CITY HEALTH DEPARTMENT

51 1000

L BIRTI	4 NO.	CERTIFICATE OF DEATH	Registered No. 400%
(Туре	or Print) ann	ie Loughlin	2. DATE OF DEATH May 2 1951
A. Ba	ACE OF DEATH: Itimore City, Maryland LL NAME OF (If not in hospital or ins	4. USUAL RESIDENCE (titution, give street address or	Where deceased lived, If institution: residence B. COUNTY hefore admission
HOSE	Hamella as		If outside corporate limit, write RURA, and give town hip
c. Le	ngth of stay in Baltimore	As. o. STREET ADDRESS (In Days)	frural, give location)
Je S	mal white	NGLE, MARRIED, DOWED, DIVORCED (Specify)	9. AGE (in years Il Under Year It Under 2 Mours Months Days Hours Min.
OA. U	USUAL OCCUPATION (Give kind of eduring most of working life, eveo if retired)	NIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or	foreign country) 12. CITIZEN OF WHAT COUNTRY
13. F	John Spen	14. MOTHER'S MAIDEN	Resiles.
15. W Yes, BO	AS DECEASED EVER IN U.S. AIMED FORCE or unknown) (If yos, give war or dates of service)	S? 16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
18	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused of	e. g., (A)	Toolbron S you
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RE	LATED	a' Harlya =
D 19	A. DATE OF OPERATION 198. MA.	NG IT. JOR FINDINGS OF OPERATION	20. AUTOPSY?
	A. ACCIDENT, SUICIDE, OMICIDE (Specify) about h	PLACE OF INJURY (e.g., in or loune, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact locations
	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJUI	
	2. I hereby certify that I attended eccased alive on AN VO, 199	the deceased from 40, 19, to	the causes and on the date stated above
	BA. SIGNATURE THE WAY	M. O. 238. ADDRESS	DR R R R R SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED STATE SIGNED
TION	Juneal May 3/3	Voudon Park	Balt
LOCA	RECEIVED BY REGIST AR'S SIGN	ATURE 25. FUNERAL DIRECTOR	/ Home 2001 C. C.

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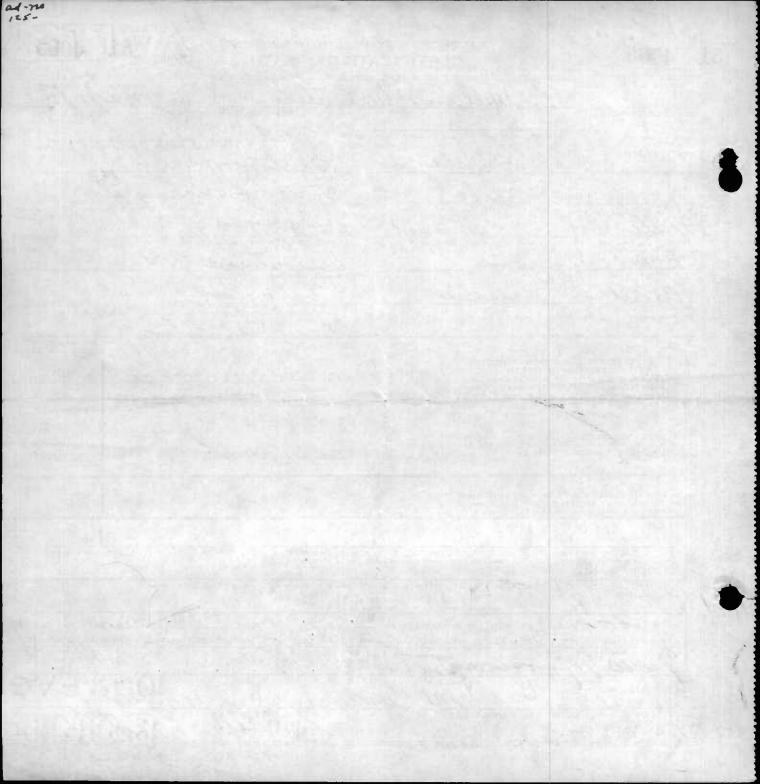




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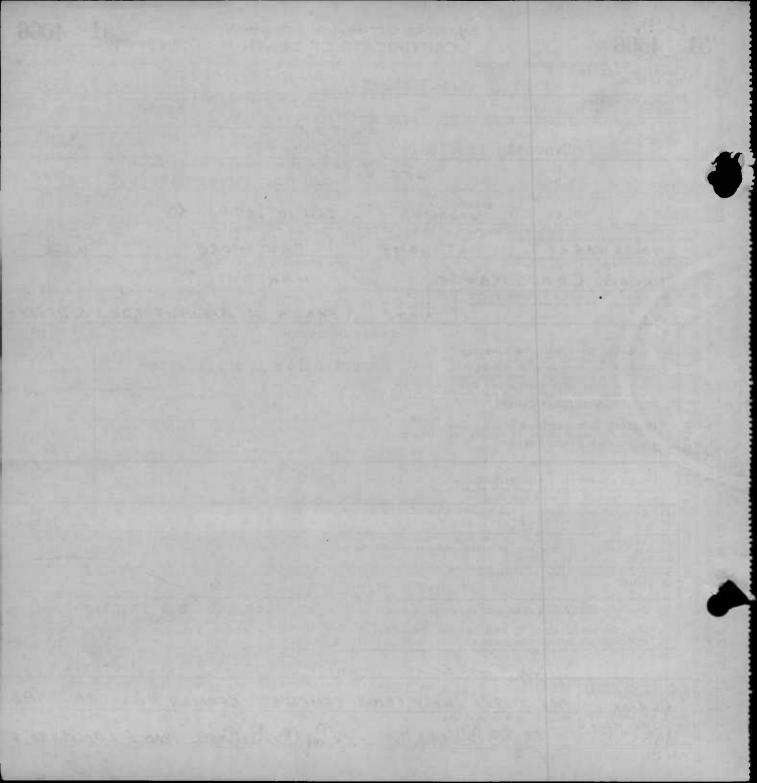
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on should be constructed. The clearly and legibly.	1. (T; 3. A. B. HCIN C. 5	NAME OF DECEASED A. USUAL OCCUPATION (Give kind of gereduring most of working life, even if retired)	institution, give street address or location) Yrs. Mos. Days SINGLE, MARRIED. 2. DATE OF DEATH OF	Tay 5 If in Aution: residence before admission)
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LY, WITH	EDICAL	21a. ACCIDENT WAS UNDER- 2	MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or out home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	20. AUTOPSY? YES NO (), give exact location)
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PLEASE WRITE PL	TIO D/	22. I hereby certify that I attend deceased alive on Pr. 30, 19 SIGNATURE A. BURIAL. CREMA- 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE CALREGISTRAR	951, and that death occurred as: 20P m., from the causes and on 23B. ADDRESS 401 E. 25th. St. Balto. 18 144c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City. In)	51, that I last saw the the date stated above. 23c. DATE SIGNED 5/2/51. the or county) (State) ADDRESS Valuable
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1.	NAME OF DI	ECEASED				2. DATE		
(T	ype or Print)	MARY	Z W	ASIELEWSKI		OF DEATH	May 3, 1	951
	PLACE OF DI	eath: lity, Maryland			4. USUAL RESIDE	NCE (Where deceased		residence re admission
В.	FULL NAME		tal or institut	ion, give street address	or Maryland			
	SPITAL OR	Truitenmai	+ TT	locati	Baltimore		orate limits, write kul	RAL and giv township
	3.8	Universi	ty Hos	prear		SS (If rural, give loc	cation)	
Ī	Langth of a	ton in Poltimore		LIFE MO		Strper Stre	- 1	peR.
_	SEX SEX	tay in Baltimore 6. COLOR OR RACE		Da E. MARRIED.	8. DATE OF BIRTH	9 AGE tin	Vestral II linder Year	If Andre 24 Hose
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ì	HOUSE	f working life, even if retired WORK	1	T HOME	BALTI	MORE	U.S	
3	FATHER'S				14. MOTHER'S MAI			
	JACOL	3 GRACZ	KOW.	SKI	MARIE	7/.		
	. WAS DECEASE e, no or unknown)	D EVER IN U, S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS	51.
	No			NONE	FRANK J	. BIENERT	620 S ST1	REEPEI
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5.	1 406	9	BALTIMORE CIT				istered No.	4069
1.	NAME OF E		-IAM J. SCH	UCH		2. DATE OF	MAY	2-1951
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H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 2310 ASHLAND AVE				TY OR TOWN		orate limits, w	ripRUR L and give township)
		stay in Baltimore	LIFE			SHLAND		Warran A.F.
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1	19A, DATE C	Properation 1	98. MAJOR FINDINGS OF	OPERATION				20. AUTOPSY?
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TI	deceased a 23A, SIGNA 4A. BURIAL, ON. REMOVAL (S	TURE CREMA- 24B. DATE Specify 5-7-	ended the deceased from 1957, and that death Oplin 24c, NAME OF C HOLY	a occurred as 23B. AC 270 EMETERY OR REDEE	DRESS n. LOU CREMATORY MER	lvert St. 24D. LOCATION (C BRLTIM	ind on the c	hat I last saw the late stated above. 3c. DATE SIGNED (State) (State)
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CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. 1. NAME OF DECEASED (Type or Print) Annie C.G. Mitchell 2. DATE DEATH May 2,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore A. Baltimore City, Maryland B. COUNTY before admission) Marvland B FULL NAME OF (If not in hospital or institution, give street address or lucation' C. CITY OR TOWN (If outside corporate limits, write BLIRAL and give INSTITUTION Baltimore 2018 Fulton Ave. D. STREET ADDRESS (If rural, give location) Yrs. 2018 Fulton Ave. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | Il Under | Year | Il Under 24 Hours | Inches | Hours | Min. information should l Nov. 14,1869 Colored Female 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Wyatt North Carolina Trained Nurse U Hospital 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Archie Gill Caroline Gill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Evangeline M. Caswell Every item of i Fulton Ave INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYA EDICAL important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify)ebont home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT-WHILE! 22. I hereby certify that I attended the deceased from esp deceased alive but , and that death occurred at m., from the duses and on the date stated above. 234 SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Mt. Calvary Cemetery Anne Arundel Co. Maryland Burial

PLEAS

DATE RECEIVED BY

LOCAL REGISTRA

VS 150

REGISTRAR'S SIGNATURE

BINDIN

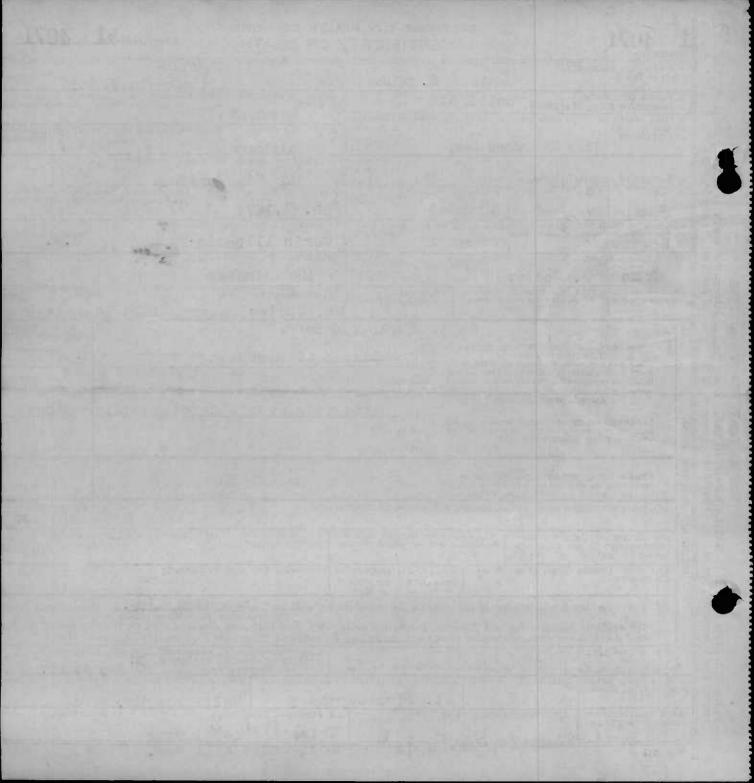
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

Registered 51 4071

	BIRTH NO.			CERTIFICAT	E OF DEATH			
1	1. NAME OF DEC. (Type or Print)		A	0 11-2-		2. DATE OF		
1	3. PLACE OF DEA		Annie	0. Nelson	II 4 LISUAL RESIDENC	DEATH May		
1	A. Baltimore City	, Maryland	Baltimo		A. STATE	B. COUNTY	before admission)	
1	HOSPITAL OR	f not in hospit	al or instituti	on, give street address or location)	c. CITY OR TOWN		ts, write RULAL and give	
1	INSTITUTION	629 Edmond:	son Ave	•	Baltimore	e 14	- O township	
				Yrs. Mos.		(If rural, give location)		
	c. Length of stay			Days	1620 Edma	ordson Ave.		
1		Color or RACE	7. SINGLE WIDOW 11d OV	MARRIED, ED, DIVORCED (Specify) VEQ	Jan. 7,1878	9. AGE (In years last birthday)	1 Hoder 1 Year Il Under 24 hours fonths Days Hours Min.	
	10A. USUAL OCCU workdone during most of wo Housewif	rking life, even [fretired]	Home	OF BUSINESS OR INDUSTRY	Cario Ill		12. CITIZEN OF WHAT COUNTRY	
	13. FATHER'S NAM	1E			14. MOTHER'S MAID	EN NAME		
		W. Hollar			May Simm	nons		
	(Yos, no or unknown)	EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS AV	
					Mr. Chiles	Peecher 1629		
	18. 170	X		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE	OR CONDITION EADING TO DEA of mean the mode of	DIRECTLY	Cano	er of breas	t		
1	heart failure,	et mean the mode of asthenia, etc. It mes application which	ins the diseas	e,				
				.) OUE TO				
ı		ANTECEDENT CAUSES (B) Arterioscleratic Cardiovascular Disease						
1	O RISE TO THE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.						
	Y STATES	G CONDITION D	.51,	(C)			***************************************	
	Z DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TRIBUTING TO THE OISE.	II NIFICANT CONDI	TIONS CON					
	TRIBUTING TO	THE OEATH, BUT	NOT RELATE	0				
1	U 19A. DATE OF			FINDINGS OF OPER	RATION		20. AUTOPSY?	
	A P						YES NOX	
	UNDERLYING	CAUSE WAS OR CONTRIB- ISE OF DEATH.	218. PLA about boms, fo	CE OF INJURY (e. g., i. arm, factory, street, office bldg.,	n or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)	
		nth) (Day) (Year)		VHILE AT NOT WHILE	ED 21F, HOW DID IN	JURY OCCUR?		
1	22. I certify	that I took char	ge of the	remains described o	bove, held an Ins	spection & Inq.	thereon and from	
	the evider	nce obtained by in my opinion	said Auto	psy, Inspection or l rom: natural causes	Inquiry, find that sa	opsy, Inspection or Inquiry uid deceased died on t icide [], homicide [],	he day stated above	
	23A. SIGNATUR		Dun	1-1-	23B. CHIEF MEDI	CAL EXAMINER 2	ac. DATE SIGNED	
	24A. BURIAL, CRE	MA- 24B. DATE	2	4c. NAME OF CEMETE		40. LOCATION (City, town		
1	Burial (Spec	5/7/51		Mt. Zion Ce	metery F	Baltimore Ma.		
-	DATE RECEIVED E	Y REGISTRAR	S SIGNATU	RE	25. FUNERAL DIREC		ADDRESS	
	MAY 5 - 1951	Handing of	- 15/11.	ELON	Holland Ful	neral home		
	V S 151	2	rithma.	COSA MAR	1031 Druid	Hill Ave.	50 11	
			17 15 16 14	DITES!				



BALTIMORE CITY HEALTH DEPARTMENT

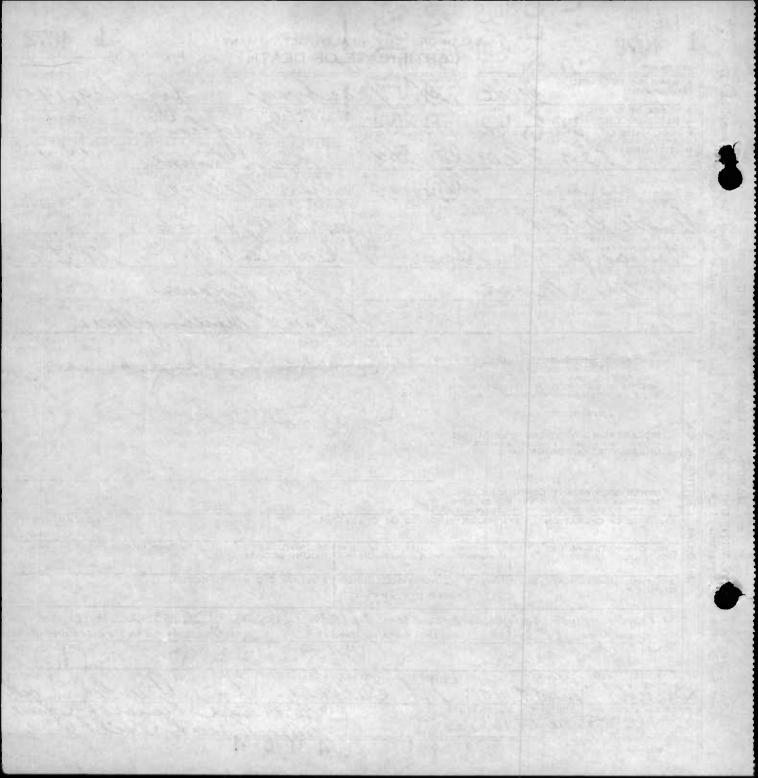
51 4072

-			E OF DEATH	
1	BI	RTH NO.		
1		NAME OF DECEASED (Mene A. The	aubray DELini	129, 1951
1		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where decesses lived, I:	f institution : residence before admission
1	B. HC	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR logetion)	C. CITY OR TOWN Af outside corporate limit	ts, write RUMAL and giv
	IN	FITTUTION J23 Felle St.	Saltimere	Comship
	-	Length of stay in Baltimore #1 M.S. Mos. Days	D. STREET ADDRESS (If rural, give location)	St.
1		6. COLOR OR RACE 7. SINGLE, MADRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years)	ii Under 1 Year on the Days Hours: Min
4	10	mall colored	11_BARTHPLACE Mate or Preign country)	12. CITIZEN OF
4	702	LIBUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OF INDUSTRY	Kew Kent Cv. Va	HAT COUNTRY
	13	FATHER'S NAME TO THE PARTY OF T	14. MOTHER'S MAIDEN NAME	
		new more	Muknow	
	Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknuwn) (If yes, give war or dates of service) SECURITY NO.	Exence L. Montray O	rald
		18. 33/X , CAUSE	OF DEATH	INTERVAL BETWEE
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 0 1/2 - 5 0 1	and de-
		(This does not mean the mode of dying, e.g., (A)	while Horne have	- Can
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	0	U
	7	ANTECEDENT CAUSES	Jelensin	
	0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
	FICATION	UNDERLYING CONDITION LAST.		
	FI	(c)		
	ERTI	OTHER SIGNIFICANT CONDITIONS CON-		
	ᄓ	TO THE DISEASE OR CONDITION CAUSING IT.		
	إر	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
	CA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	p or 21c. WHERE DID (If in Baltimore City,	
	1EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg.		give exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRIOF INJURY	ED 21F. HOW DID INJURY OCCUR?	
		WHILE AT NOT WHILE		
		22. I hereby certify that I attended the deceased from 1	10/01, 19 to 4 29 1, 19	_, that I last saw to
		deceased alive on 129 19 and that death occur		
			38 ADDRESS Out of	230 DATE SIGNE
0	24	A BURIAL CREATA- 248 DATE 124C NAME OF CEMPITE	RY OR CREMATORY 245 LOCATION (40), town	n, or county) (State
	_	REMOVAL (Sports) May 7, 1951 Mr. Ca	Evaly Unne Grun	idel W. hu
		TE RECEIVED BY REGISTIAR'S SIGNATURE	15 THAT HELDER Fine	LAD REAS NOW
		VIAY 5 - 135 Manue, Mill - 1 YALL	1631 Alund 1	ill are

UNFADING INK. Every item of information should be carry Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PI

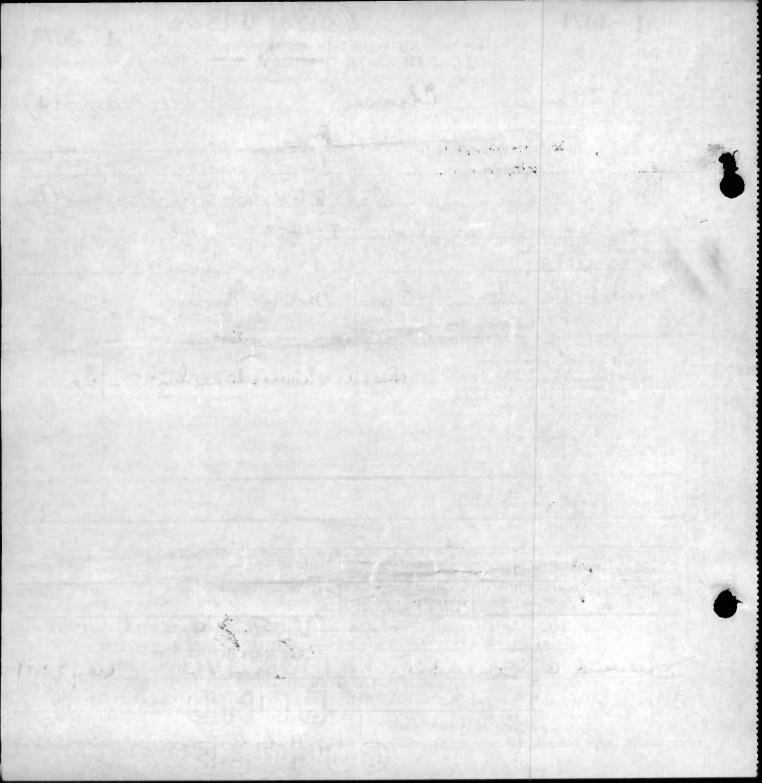
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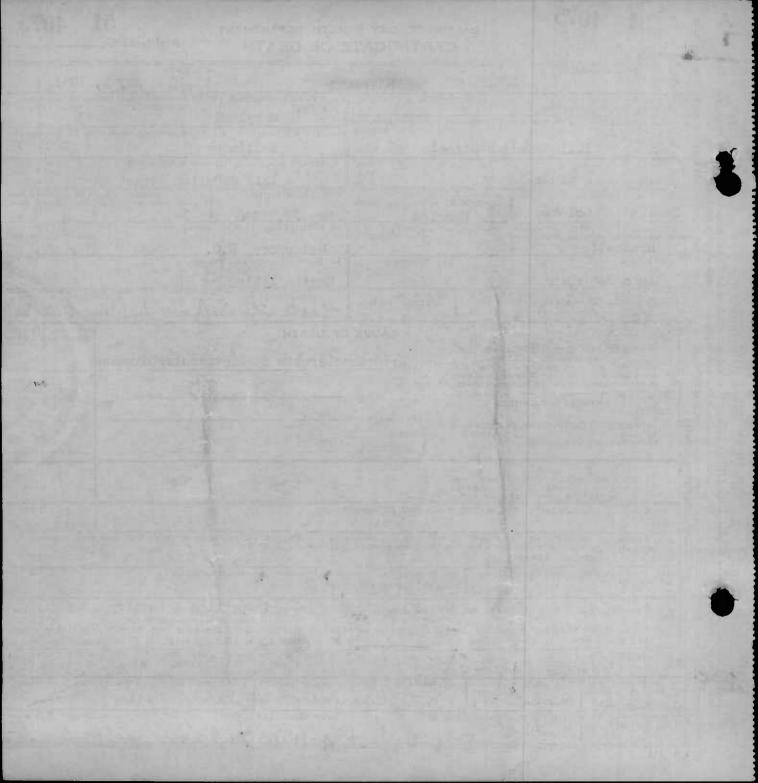


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	200	BALTIMORE CITY H	EALTH DEPARTMENT	51	4074
	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	1. NAME OF D (Type or Print)	ECKASED		2. DATE OF DEATH	5 17
	3. PLACE OF D	DEATH: City, Maryland	4. USUAL RESIDENCE (W		intion: residence before admission)
	B. FULL NAME HOSPITAL OR	OF (If not in hospital or institution, give street address or	ma.		
	INSTITUTION	The some nobying unabital	c, CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
		Baltimoro E, Md. Yrs.	D. STREET ADDRESS (If t	ural, give location)	10
	c. Length of s	stay in Baltimore Days 6.COLOR OR RACE 7. SINGLE, MARRIED,	86465.	Laurmon	nolline
	Female	WIDOWED, DIVORCED (Specify)	9-14-08	9. AGE (In years Holds Months	Days Hours Min.
	10A. USUAL OC work dopeduring most	CCUPATION (Give kind of of working life, care if retired) IOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
		ewite	3. Carol	ina	WHAT COUNTRY?
	Jose	ph Bride	14. MOTHER'S MAIDEN NA	0	
	15. W/S DECEASI (Yes, no or unknown)	D EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT he John	ns Hopkins Hospits	Ess
	18.	CAUGE	821	timero 5, aid,	INTERVAL BETWEEN
	7	SE OR CONDITION DIRECTLY	OF DEATH		ONSET AND DEATH
	(This does		ie glomerulo,	eshutis	***************************************
	injury or	complication which caused death.) DUE TO			
	z	ANTECEDENT CAUSES			
	RISE TO T	S OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE DUE TO TING CONDITION LAST.	***************************************	***************************************	***************************************
	FICA	(c)			•••••••••••
		II SIGNIFICANT CONDITIONS CON-			
	LI TRIBUTING	TO THE DEATH, BUT NOT RELATED SEASE OR CONDITION CAUSING IT.			
	19A. DATE O	OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	21A. ACCID	DENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
4	CAUSE OF	DEATH			
	OF INJURY	(Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI MHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereb	y certify that I attended the deceased from Q	1. 1.2, 19 1 to m	ar 3 195/tl	at I last saw the
	deceased al	live on 3, 1951, and that death occur	red atm. from th	e causes and on the d	ate stated above.
	July	male a - Sacondell M. D.	38. ADDRESSO JOHNS HO	w 3.5.4 0s.	Lau 3, 1951
	24A. BURIAL, C	Specify)		CATION (City, town, or c	
	DATE RECEIVED	RAR I with other / Milanta Mar	25. FUNERAL DIRECTOR	nn. AD	DRESS 3 22 N
	- MAY 5 - vs 150	1951	age of the	Usano Sch	roller St
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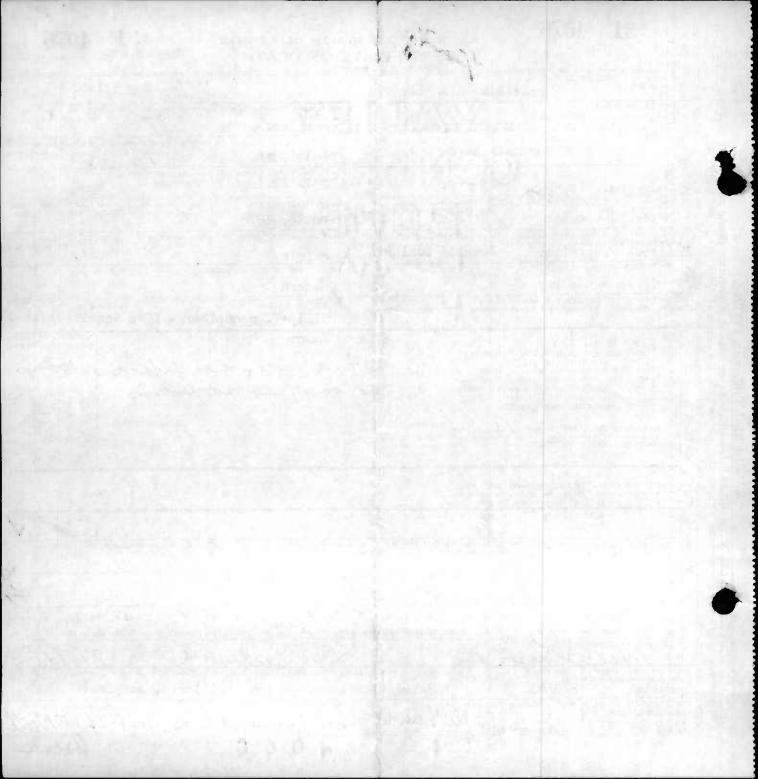
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l l	51 43 RTH NO.	4075	BAI	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No	L 4075
1.	NAME OF D		NNIE	MAYFIE	Th	2. DATE OF May 1,	1951
	PLACE OF D			PIAIFIE	4. USUAL RESIDENCE (
8.			al or institut	ion, give street address or location)	Maryland		
IN	STITUTION	1211 McCul	loh St	reet	Baltimor	1 .	township)
	I on oth of a	tors in Poltinsons		Yrs. Mos.	D. STREET ADDRESS (II	rural, give location) Culloh Street	
_	SEX	tay in Baltimore	7. SINGL	Days Days	8. DATE OF BIRTH	9. AGE (In years ff Under last birthday) Month.	or 1 Year If Under 24 Hours
	Female	Colored		VED, DIVORCED (Specify)	May 27, 1896	last birthday) Month	Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)	foreign country) 12	CITIZEN OF
1.9	House				Goldsboro, N.(JAME	U.S.a.
		Robinson			Martha Atkins		100
15 (Ye		ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	ADDI	RESS
(10	No	(11 yes, give war or date	01 801 1100)	SECORITY NO.	Gertrude Id	eben. 1211n	re Cullolast
	18. 47	21		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA			sclerotic cardiov	recouler disease	
	heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	se, (A)	SCIETO DIC CATALO	ascurar dracase	
	injury or	complication which of		n.) DUE TO			
7				(8)		***************************************	
ATION	RISE TO T	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	STATING T				
CA				(C)	······································	***************************************	
RTIFIC	TRIBUTING	II BIGNIFICANT CONDI B TO THE DEATH, BUT	NOT RELAT	ED			
CE	ACCORDING TO A STATE OF THE PARTY OF THE PAR	OF OPERATION 1	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO X
EDIC,	UNDERLYIN	NAL CAUSE WAS G [] OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City, give	exact location)
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	22. I certi	fy that I took char	gc of the	remains described a	bove, held an Inspect	tion & Inquiry t	hercon and from
					nquiry, find that said a		
	23A. SIGNA	Ollen 1/	2571	M.	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER X	2, 1951
	A. BURIAL (S		1951	24c. NAME OF CEMETER		dar July,	md.
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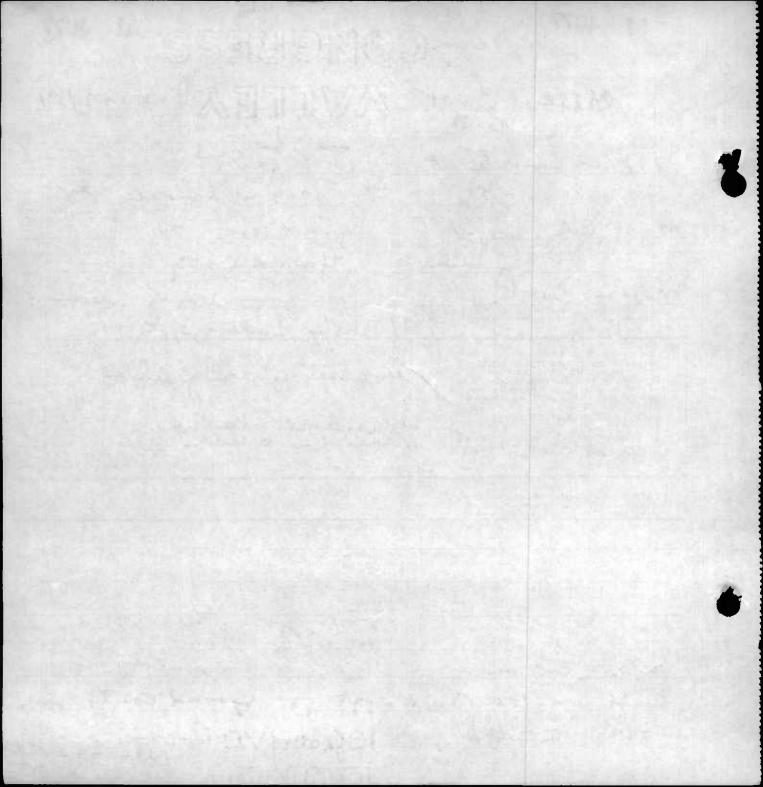
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MANGIN MESERVED FOR DINDING	UNFADING	Physicians:
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1.	NAME OF DE		AMIN HENDELBERG	E OF DEATH	2. DATE May 4.	1951
	PLACE OF DE	EATH:	11114 244 142 244 244 244 244 244 244 24	4. USUAL RESIDENCE	(Where deceased lived. If ins	
В.	FULL NAME	ity, Maryland OF (If not in hospit	tal or institution, give street address or	A. STATE Maryland	B. COUNTY	before admission
HA	SPITAL OR STITUTION	3706 Norto	loeation)		If outside corporate limits,	write RURAL and gir township
-		ay in Baltimore	45 yrs. Yrs. Mos. Days	o. STREET ADDRESS () 2611 Springhi		
	male	6. COLOR OR RACE white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	9. DATE OF BIRTH Pec 25, 1878	9. AGE (In years last birthday) Mont	der I Year If Under 24 Hour hs: Days Hours Min
Re	etired- P	CUPATION (Givekind of working life, even if retired) ropreitor	Jewelry Business or Jewelry Business	11. BIRTHPLACE (State or Russia.	foreign country)	2. CITIZEN OF WHAT COUNTRY USA.
13	. FATHER'S N		(1)	14. MOTHER'S MAIDEN	NAME	
		"endelberg		Unknown		
(Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yea, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Philip V. Hend	elberg- 5818 Na	rcissus Ave
7	injury or	e, asthenia, etc. It mea complication which c	SES	conorg a son	orclevisis	
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MEDICAL CERTIFICATIO	DISEASES RISE TO THE UNDERLY OTHER SI TRIBUTING TO THE OIS 19A. DATE DE 21A. ACCIDE LYING OR CAUSE OF DE 21D. TIME (1) OF INJURY 22. I hereby deceased ali 23A. SIGNAT A. BURIAL, CON, REMOVAL (SP	e, asthenia, etc. It mea complication which expending the complication which expending to the conditions. If the condition of the condition of the ceath, but to the ceath, bu	F ANY, GIVING STATING THE OUE TO ST. (C)	EATION To or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY 2757 10 , to med at 2 m., from 38. ADDRESS RY OR CREMATORY 24D.	(If in Baltimore City, given a series and on the LOCATION (City, town, or altimore, Maryl.)	20. AUTOPSY? YES NO Pe exact location) that I last saw the date stated above 23C. DATE SIGNED county? (State)



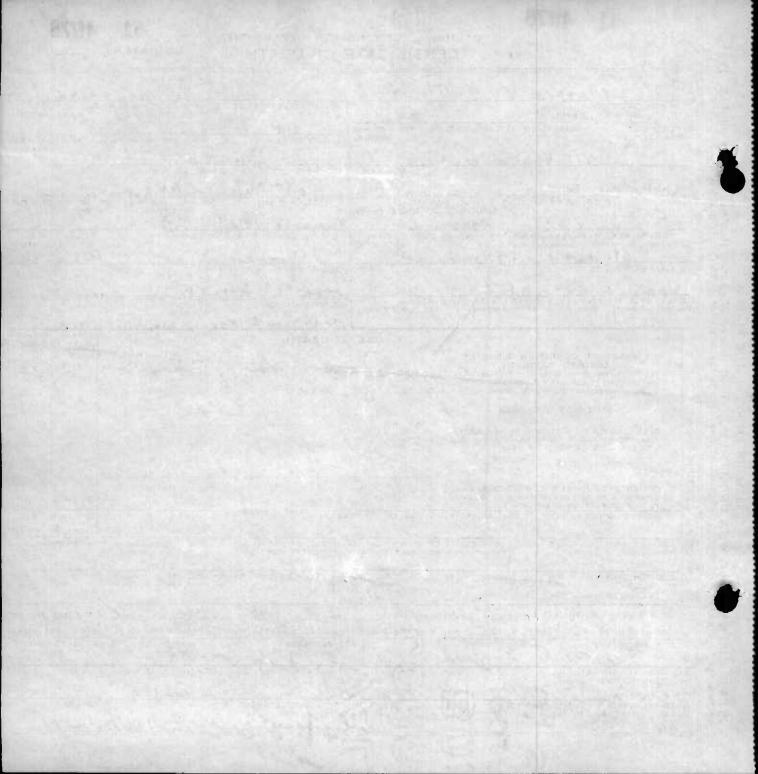
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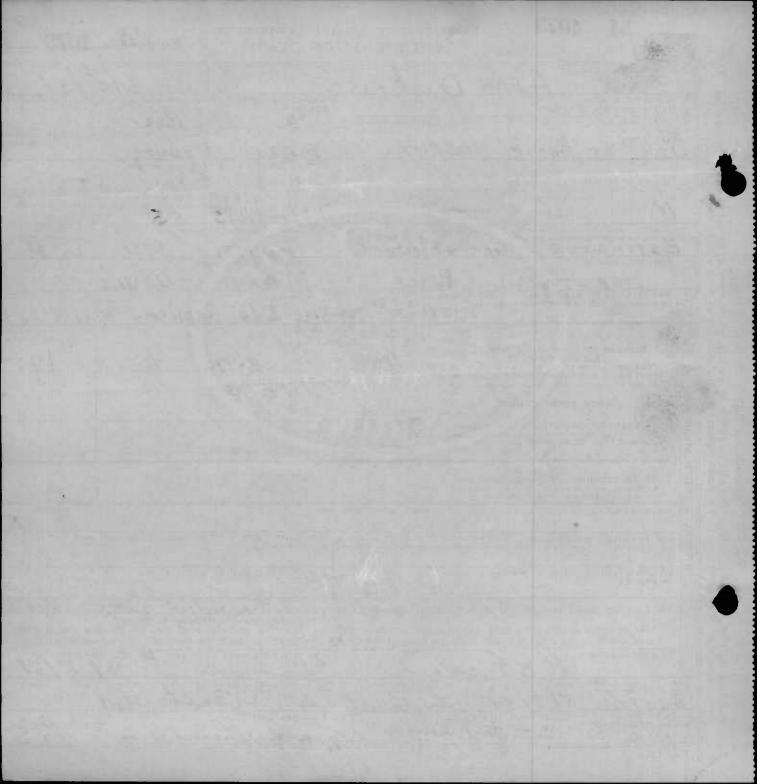
		CITY HEALTH DEPARTMENT	51 4077 Registered No.
	NAME OF DECEASED Type or Print) OSES PLACE OF DEATH: Political City Mayeland		2. DATE OF DEATH Where deceased lived, If in litution: residence B. COUNTY before admission)
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street OSPITAL OR NSTITUTION OSPITAL OR	1 42	outside corporate limits, write RURAL and give
-	. Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Yrs. D. STREET ADDRESS (If) Days 1 114 W. 8. DATE OF BIRTH	9. AGE (ln years last birthday) Months; Days Hours; Min.
<u> </u>	OA. USUAL OCCUPATION (Givekindof rkidone during most of working life, even if retired) WIDOWED, DIVORCE	June 4, 1881	70
	3. FATHER'S NAME CONT	14. MOTHER'S MAIDEN NA	Le orsen Cleaned)
0110	5. WAS DECEASED EVER IN U. S. ARMED FORCES? cs, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURI		ADDRESS (INTERVAL BETWEEN
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ise write	ANTECEDENT CAUSES	Eseterion Ca	Aio -
ns: plea	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	dosular dres	we.
Physicians: please	TRIBUTING TO THE DEATH, BUT NOT RELATED		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS		20, AUTOPSY?
important.	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street		f in Baltimore City, give exact location)
3	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY m. WHILE AT WORK	OCCURRED 21F. HOW DID INJURY NOT WHILE AT WORK	OCCUR?
especia	22. I hereby certify that I attended the deceased fredeceased alive on 1972, and that dec	om V-2> 1942, to C	he causes and on the date stated above.
IS.	23A, SIGNATURE Parties	M. D. 23B. ADDRESS	La 23c. DATE SIGNED
	10N. REMOVAL (Specify) may 6/81 Bush	pak Ho	OCATION (City, town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Russ
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	PLEASE WRITE F NLY, WITH UNFADING INK. Every item of informatic	rtant.
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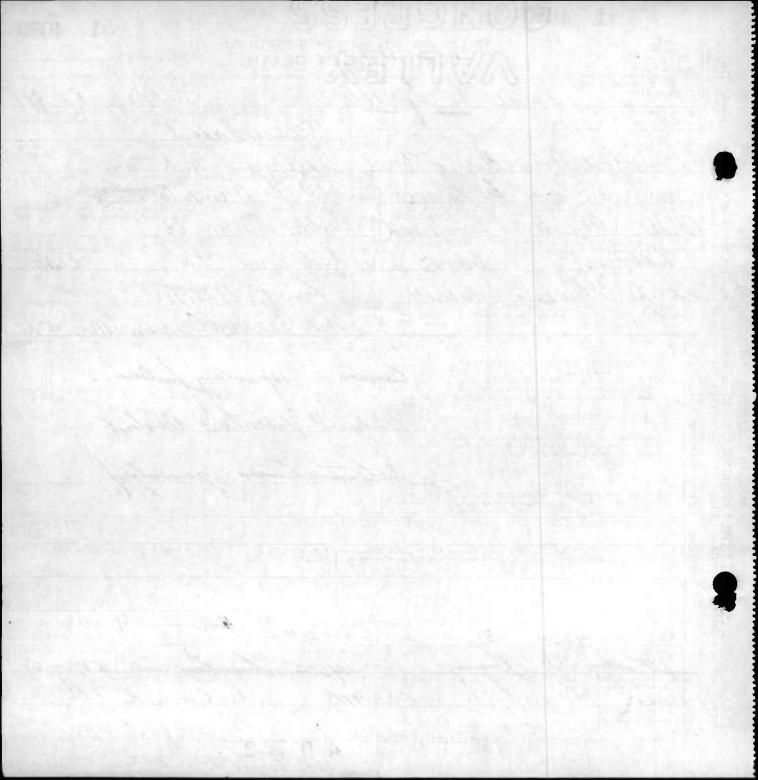
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1-	6	BALTIMORE CITY HE	EALTH DEPARTMENT 31	4078		
		CERTIFICATI	E OF DEATH Registered No.),		
	1.	NAME OF DECEASED	2. DATE			
	(T	ype or Print) Mattie V. Worth	OF DEATH May 4-1951			
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution; residence before admission)		
	В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Md			
		ISTITUTION	C. CITY OR TOWN (If outside corporate limits,	township)		
DIY.		4215 White Ave	p. STREET ADDRESS (If rurs), give location)	-01		
egi	c.	Length of stay in Baltimore Mos. Dess	4215. WhiTe Are			
and legibly	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years) If U	nder I Year H Under 24 Hours ths: Days Hours: Min.		
		F W Married	JUNE 17-1907 43	24,5		
clearly	work	A. USUAL OCCUPATION (Give kind of the land	11. BIRTHPLACE (State or foreign country)	2 CITIZEN OF WHAT COUNTRY		
	10	FATHER'S NAME	Wa-Va	USA		
death	13	Ol C F	14. MOTHER'S MAIDEN NAME			
OI	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Leasta Smith	2000		
	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Wilber S. WarTh 4215 Whi	DRESS		
causes			OF DEATH	INTERVAL BETWEEN		
e C		DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH		
e the	(This does not mean the mode of dying, e.g., (A) Colon &					
write		heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO	iver 0	2 yrs		
	ANTECEDENT CAUSES					
please	O					
	ATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
Physicians:	FIC	(C)				
SICI	RTI	OTHER SIGNIFICANT CONDITIONS CON-				
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?		
important.	EDICAL	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in	n or 21c, WHERE DID (If in Baltimore City, give	YES NO We exact location)		
por		HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	otc.) INJURY OCCUR?			
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
elariy		m. WHILE AT NOT WHILE MY WORK AT WORK				
		, , , , , , , , , , , , , , , , , , , ,		that I last saw the		
esbe			red at 11: 50p.m., from the causes and on the			
13		Top out N. You link	3B. ADDRESS 57/3 Below KA	23c. DATE SIGNED		
age	24	AA BURIAL CREMA- 248 DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, o			
	Tie	ON, REMOVAL (Specify) 5/7/5/ Grace N MOUN	VT. Cem. Balto	Md		
correct	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE		ADDRESS		
0		MAY 6 1951 Tuttington Milliams, Mar	Lapsophus Taperal Home 7401 1.	Belain Rd.		
		VS 150	7	14 =		
				710		





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	r supplied.	
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	should be car	arly and legit.
ED FOR BINDING	, WITH UNFADING INK. Every item of information should be car	te the causes of death cle
MARGIN RESERVED FOR BINDING	UNFADING INK. E	Physicians: please wr
	Y, WITH	Aportant.
	PLEASE WRITE PL	correct age is especially oportant. Physicians: please write the causes of death clearly and legiz.

	PALTIMORE CITY HI	EALTH DEPARTMENT	OI	4000
1 .	3 3 10	E OF DEATH	Registered No	
В	IRTH NO.	E OF DEATH	100	
	NAME OF DECEASED	0 / 12	DATE 6	
1 (Type or Print)	111/	DEATH MIMIN	Nol. 1951
	PLACE OF DEATH:	4. USUAL RESIDENCE (When	re deceased lived. If institut	
W	Baltimore City, Maryland	A. STATE	B. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If out	side corporate limits write	RIIRAL and give
11	ISTITUTION LONG TO THE MENT OF THE PARTY OF	1/3 10×-	6 8 9 0-1	township)
14	Yes.	D. STREET ADDRESS (If rur	al, give location)	-
16	Mos.	In I I ma	A De 1 Ton	
	Length of stay in Baltimore Days SEX 6.CQLQR OR RACE 7. SINGLE, MARRIED,	10 p. 111LW	BURLY V	I M II A CA II
1/	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years If Under I Y last birthday) Months D	
1/	all mure margod	Colly 12, 1870	80	
Wor.	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done of 10B working life (even if retired)	11 BRTHPLACE State or foreign		TIZEN OF HAT COUNTRY?
	Xarris Gemetery	Midlimmed.	ta	11,5%
1:	B. EATHER'S NAME	14. MOTHER'S MAIDEN NAME	E	
1/	Know / Tomas Smither	Xunes M	Jones!	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMALT	ADDRES	
(Y	(If yee, give war or dates of service) SECURITY NO.	The Hand Xley	Mh y ale	1.1.1.1.
-		1. Ja Sir Many	ZIMMUW BUM	M. W.K.
	18. 33/X	OF DEATH		TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10	11	
	(This does not mean the mode of dying, e.g., (A)	20 - Kesperstan	y failure	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	"/ _/		
	ANTECEDENT CAUSES		// . /	
Z	ANTECEDENT CAUSES	ent Vascular	accolored	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
A	UNDERLYING CONDITION LAST.			,
15	Anti	uoschuses,	and land	
RTIFIC		1	-	
ER	OTHER SIGNIFICANT CONDITIONS CON-		- /	
U	TO THE DISEASE OR CONDITION CAUSING IT.			
بدا	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		O. AUTOPSY?
N S	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in	n Baltimore City, give ex	es legation
DIC	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., hOMICIDE (Specify) about home, farm, factory, street, office bldg.,		i battimore City, give ex-	act location)
M				
11	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	ED 21F, HOW DID INJURY O	CCUR?	
	m. WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from	20 10 105/ to # V	Man 1951 that	I last sam the
	deceased alive on May, 1951, and that death occu	ried at 4: 10 pm., from the	caudes and on the dat	e stated above
	23A. SIGNATURE	23B. ADDRESS	230	DATE SIGNED
	Maliny of Oryners M.D.	11105 Elment	5	May 57
2	AR BURIAL, CREMA- 240 DATE AC. NAME OF CEMETE		ATION (City, town, or cour	nty) (State)
T	ON REMOVAL (Specify)	med last	1100ml 7	N
F	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNENAL DIRECTOR	ADDS	RESS
L	OCAL REGISTRAR	18 111 1111	in Tut I	/
1	AY 65 1951 tuntington Polliques, M.	1. 1/V. SVIN	Jum SI	W
	VS 150	As I Zar	100	Ø 20
2.1		1 1 6 11 10 111 11/1	11 WCX	T FA



	Paris NO	CERTIFICATI	E OF DEATH	Registered N	0
1.	NAME OF DECEASED Waype or Print)	r Binning	E1-11	2. DATE 5	c e ,
		F BLANKF		DEATH U	0-0/
Α.	Baltimore City, Maryland		4. USUAL RESIDENCE WI	B. COUNTY	before admission)
H	OSPITAL OR , AI	l or institution, give street address or (location)	c. CITY OR TOWN (If o	outside corporate limits	, write RURAL and give
V	STITUTION/636 /10 (4)	pleton St	111/2 () +	re 1.	5-0 2 township
c.	Length of stay in Baltimore	Vo Yrs.	163640 CH	ural, give location)	W.
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spicity)	8. DATE OF BIRTH		Under I Year If Under 24 Hours this Days Hours Min.
10	A. USUAL OCCUPATION (Give klod of k done during needs of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHELACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Melinea	water moter	Russ		WHAT COUNTRY
13	FATHER'S NAME		110 MOTHER'S MAIDEN NA	Merc	1
15 (Ye	i. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Black	Kleld - 170	Exten Pl
	18. Hzz 2-1	CAUSE	OF DEATH	//	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DEAT	DIRECTLY	· 7 - 1:+-	Guit	I do
	(This does not mean the mode of heart failure, asthenia, etc. It mean	dying, e.g., (A)	a regressions c	- deil latus	E
	injury or complication which ca				A A SECTION
z	ANTECEDENT CAUSI	ES (B)			
ATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)	ANY, GIVING STATING THE DUE TO	, P.	•	3 days
CA	UNDERLYING CONDITION LAS	(C)	meho munin	~	P
TIFI	11				
CERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NO THE DISEASE OR CONDITION	NOT RELATED	4-des		underon
۲	19A. DATE OF OPERATION 0 15	BB. MAJOR FINDINGS OF OPER	RATION	DANGE THE	20. AUTOPSY?
DICA	21a. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g., in		in Baltimore City, g	ive exact location)
Ш	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE		- 5	1
	22. I hereby certify that I atte	enaea the aeceasea from	rred at 315 m., from th	7 , 19	, that I last saw the
	deceased alive on 7440		rred at $J = 1 m$., from the 3B. ADDRESS	e chuses and on th	e date stated above.
	you Harry &	Whoman M.D.	1921 Whot	any	5/5/57
Z. TI	44) BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETE	dale 24d. LC	CATION 19 ty, town,	or county) (State)
	ATE RECEIVED BY REGISTRAR'S	SIGNATURE	29. FUNERAL DIRECTOR		ADDRESS O
	1AY 6 - 1951	And William Un	salk devision	e 2100 E	Mow X

supplied.

UNFADING INK. Every item of information should be can Physicians: please write the causes of death clearly and legi MARGIN RESERVED FOR BINDING , WITH

PLEASE WRITE PL. correct age is especially

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an Williams

before admission)

township

Registered No.

(If outside corporate limits, write RURAL and give

9. AGE (In years | 1 Under | Year | If Under 24 Rours | Months | Days | Hours | Min.

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

2. DATE

unore

OF DEATH

(If rural, give location)

B. COUNTY

YES | NO (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E, INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

NOT WHILE!

22. I hereby certify that I attended the deceased from much 1945, to may 5 , 195/, that I last saw the 1951, and that death occurred at 10: 30m., from the cluses and on the date stated above. deceased alive on___ 23A. SHENATURE 238. ADDRESS 23c. DATE SIGNED

24A/BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY

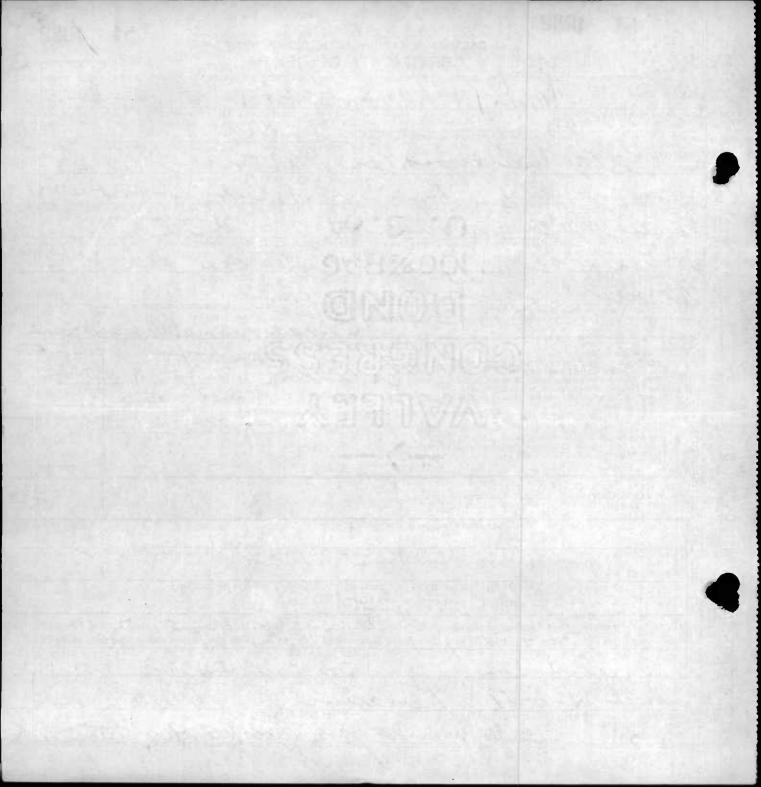
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

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PLEASE



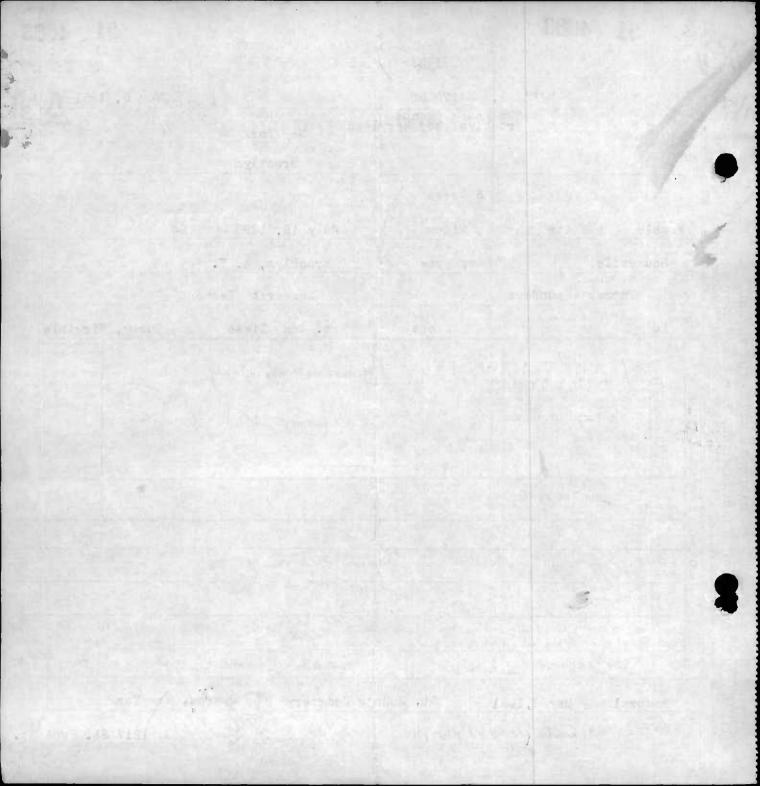
TIMORE CITY HEALTH DEPARTMENT

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	11	51 4083
W	-	3 6 3 BALT
The	BI	RTH NO.
	1. (T	NAME OF DECEASED WARY A. WAI
supplied.	3.	Baltimore City, Maryland Brooklyn
ins	В.	FULL NAME OF (If not in hospital or institution
0		STITUTION
car	C	Length of stay in Baltimore 3 We
ld be		SEX 6. COLOR OR RACE 7. SINGLE.
uld y ar		Female White Widows
on shou	10 worl	DA. USUAL OCCUPATION (Give kind of lob. KIND (k done during most of working life, even if retired)
cle		Housewife Own
NG rmati death	13	R. FATHER'S NAME Thomas Saunders
nfor of de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or datea of service)
f in es o	(Ye	(If yes, give war or datea of service)
RESERVED FO FINK. Every it please write the	please w	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
MARGIN I UNFADING Physicians: 1	CERTIF	II OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
TH U		19A. DATE OF OPERATION 19B. MAJOR 1
, WI portar	IEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, far CAUSE OF DEATH
	Σ	OF INJURY (Month) (Day) (Year) (Hour)
PL. ecia		22. I hereby certify that I attended the d
TE		deceased alive on May 5, 1951, an
VRI		23A. SIGNATURE Skuik
PLEASE WRITE PI	2.4 TIO	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Removal May 6,1951
LEAS		ATE RECEIVED BY REGISTRAR'S SIGNATUR
E 00	II L	MANY REGISTRAS 1 Villa to Millia

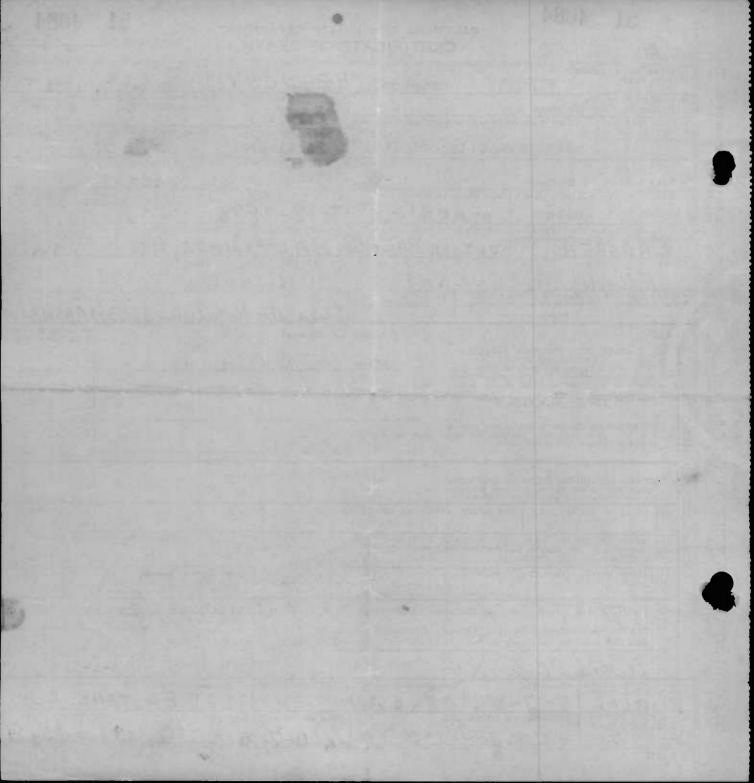
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202		CERTIFICATI	E OF DEATH	Registere	d No	
BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	A. WA	AITWORD		OF May	5, 195	1
A. Baltimore City, Maryland B	LOOKIAN	le (Avenue (25) Marylan	4. USUAL RESIDENCE (V A. STATE New York	Where deceased lived B. COUNTY		on: residence efore admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	l or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate li	imits, write I	RURAL and give
00			Brooklyn			
c. Length of stay in Baltimore	3 W	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
5. SEX 6. COLOR OR RACE White	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH July 19. 1896	9. AGE (In years last birthday)	If Under 1 Year Months Da	
10A. USUAL OCCUPATION (Give kied of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		1 12 CIT	IZEN OF
rork done during most of working life, even if retired) Housewife		Home INDUSTRY	Brooklyn, N. Y		WH WH	AT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
Thomas Saunders 15. WAS DECEASED EVER IN U. S. ARMED		16. SOCIAL	Margaret De	smond		
Yes, no or unknown) (If yes, give war or datea	of service)	SECURITY NO	17. INFORMANT		ADDRESS	
No		None	Mrs. Ann Riese	Luri	ay, Vir	ginia
DISEASE OR CONDITION D LEADING TO DEATI (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	H dying, e. g s the disease used death. ES ANY, GIVINGSTATING TH	(B)	ciuma of se			ET AND DEATH
OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	OT RELATE	D				
19a. DATE OF OPERATION 19	-	FINDINGS OF OPER	ATION		20 YE	S NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore Cit	y, give exac	t location)
21D. TIME (Month) (Day) (Year) (OF INJURY		VHILE AT NOT WHILE	ED 21F, HOW DID INJUR	Y OCCUR?		
22. I hereby certify that I atte	-			Yay 5, 19		
23A. SIGNATURE	Que		38. ADDRESS	he causes and or		Stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Removal May 6,18		St. John's		eens, New Y		y) (State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR'S	- HIII.	RE audithe	25. FUNERAL DIRECTOR	k 2 12	ADDRE	Paul St.

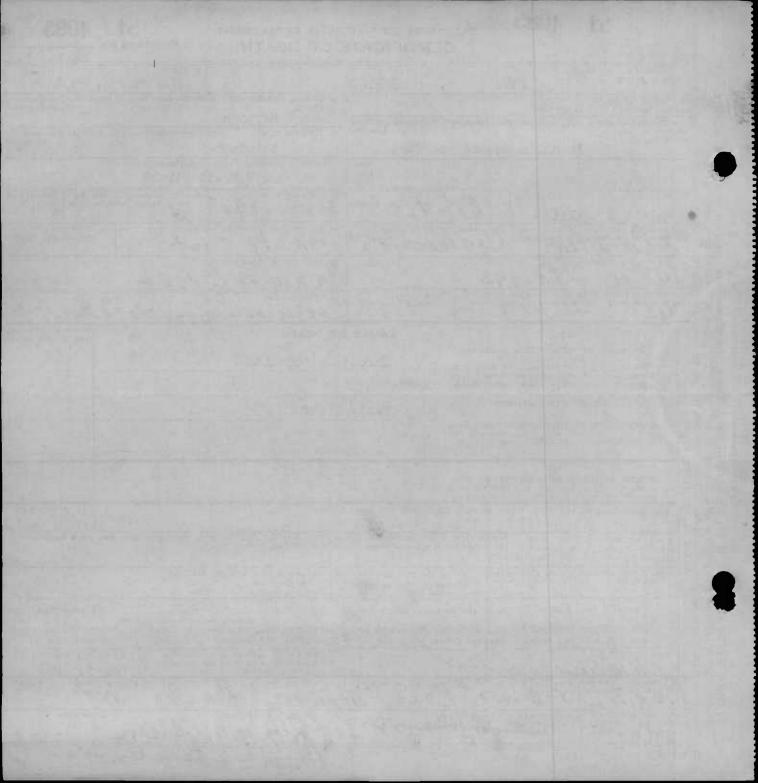


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-					
	NAME OF DECEASED JOHN N. SPRIGGS	S 2. DATE OF May 4, 1951			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: reside A. STATE B. COUNTY before adm			
В.	FULL NAME OF (If not in hospital or institution, give street address or DSFITAL OR location)	Maryland			
	Franklin Square Hospital	I C. CITT OR TOWN (II dutaide corporate limits, write KULAL a	nd give wnship)		
-	Yrs.	D. STREET ADDRESS (If rural, give location)			
	Length of stay in Baltimore Mos. Days				
5.	Male White 7. SINGLE, MARRIED, WILDOWED DYORGED (Specify)		24 Hours Min.		
	A. USUA. OCCUPATION (Give kind of k done duling most of working life, even if retired) AIN EN TRACTORS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU			
13	WITH A SPRIGGS LONST	CATHER'S MAIDEN NAME CATHER'S MAIDEN NAME CATHER'S MAIDEN NAME	H		
	s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	CATHERINE SPRIGAS VOT SMOUNT	f		
	18. 58/. CAUSE	OF DEATH INTERVAL BE	DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chroni	ic alcoholism			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	IC SIGNOTISM	*******		
	ANTECEDENT CAUSES Fatty	liver			
ZO	Z DISEASES OR CONDITIONS, IF ANY, GIVING OR RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
ATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				
FIC					
RTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
CE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	RATION 20. AUTOP	SY?		
AL			No [
EDIC/	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		1)		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK				
	22. I certify that I took charge of the remains described a	above, held an Autopsy thereon and	from		
	the evidence obtained by said Autopsy, Inspection or I and douth in my opinion regulted from: natural causes	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated o X, accident , suicide , homicide , undetermined	above ∃.		
	23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MAY 5, 1951			
7 TV	A) BURYAL, CREMA- 248, DATE 149 NAME OF CEMETER PREMOVAL Specify 5-8-1951 BALTO NO		State)		
D/ LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 6 - 195	25. FINITE DIRECTION Walter ADDRESS	ta		
v	S 151	Brotte Steerker 25.			
	36424	That I be the control of			



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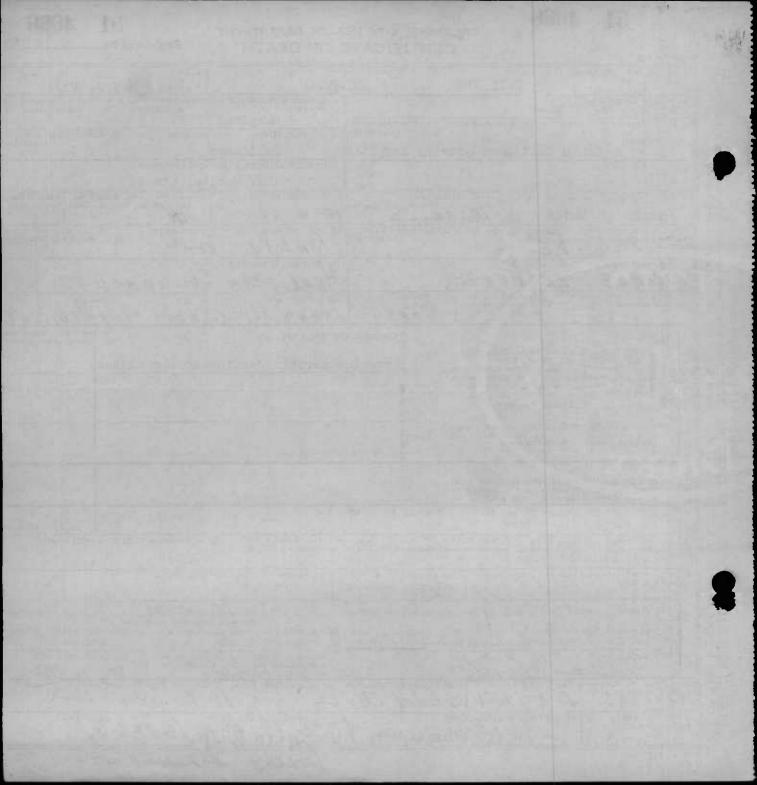
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N.	64			LTH DEPARTMENT		T 4000
BIF	RTH NO.	CERT	IFICATE	OF DEATH	Registered N	
	NAME_OF DECEASED				2. DATE	
(Ту	pe or Print)	CATHERINE	CRIS	PENS	DEATH May	5, 1951
	PLACE OF DEATH: Baltimore City, Mary	land		4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution : residence before admission
HO	FULL NAME OF (If no SPITAL OR STITUTION	t in hospital or institution, give st	4 (1)	Maryland c. CITY OR TOWN (I	f outside corporate limit	s, write RURAL and giv
	South	Baltimore General	Hospital	Baltimor	e 24	township
				D. STREET ADDRESS (If	rural, give location)	
c. :	Length of stay in Balt	timore	Mos. Days	1722 Web	ster Street	
5. 9	SEX 6.COLOR			B. DATE OF BIRTH		Under I Year If Under 24 Hours nths: Days Hours Min.
	Female Whit		= 9	10-4-1902	48	
work	done during high to the life av	(Cive kind of 10B. KIND OF BUS	INDUSTRY	1. BIRTHPLACE (State or 1	median country)	12. CITIZEN OF WHAT COUNTRY
13,	FATHER'S NAME		1	4 NOTHER'S MAIDEN N	IANE ,	
1	EORGE HE	R3 DERGER		HENRIETTA	Lochhaa	04
15.	WAS DECEASED EVER IN L	J. SARMED FORCES? 16. SOC war or dates of service)	IAL URITY NO.	T. INFORMANT	. A	DDRESS
(100,	no or unknown) (1. yes, give		NE D	FRANK H. CR	ISPENS 11/2	> WEBSTERS
	18. Wyz. 1		CAUSE O	F DEATH	1	INTERVAL BETWEE
	-/ " "	I NDITION DIRECTLY	0.1.002	. DEATH		ONSET AND DEAT
	LEADING	TO DEATH the mode of dying, e.g.,	Arterios	clerotic cardio	vascular dise	ase
	heart failure, asthenia,	etc. It means the disease,	.,	***************************************	. +000 - +0000000 -	*********
		n which caused death.) DUE	10			
		(E	3)	***************************************		
LION		ITIONS, IF ANY, GIVING AUSE (A) STATING THE DUE	то			
	UNDERLYING COND	ITION LAST.	:)			
RTIFICA						
1		T CONDITIONS CON-				
E I		ATH, BUT NOT RELATED	***************************************			
Ü	19A. DATE OF OPERATI		GS OF OPERAT	TION		20. AUTOPSY?
AL.						YES X NO
EDICA	21A. EXTERNAL CAUSE UNDERLYING OR C UTING CAUSE OF	ONTRIB. about home, farm, factory,			If in Baltimore City, 1	give exact location)
Z	21D. TIME (Month) (Da	ly) (Year) (Hour) 21E. INJL	IRY OCCURRED	2 IF. HOW DID INJUR	Y OCCUR?	
	OF INJURY	m. WHILE AT	NOT WHILE			
	22. I eertify that I t	ook eharge of the remains	described abo	ve. held an Partia	1 Autopsy	_ thereon and from
		ined by said Autopsy, Ins		Autonom	Inchestion on Inquience	
	and death in my	opinion resulted from: na	tural causes	🗓, accident 🗌, suicide	\Box , homicide \Box , u	ndetermined \square .
	23A. SIGNATURE	1/2 MAG		23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER	av 5. 1951
24 TI	BURIAL. CREMA- 24E	6 10-1//	1 1.		OCATION (City, town,	
DA	JURIAL J-	SISTRAR'S SIGNATURE	ng Hi	5. FUNERAL DIRECTOR	·H. 60	ADDRESS
LO	CAL DECICEDAD	tutington Milliam	MA /	016 (4 B)	M. Walk	93)
VS	151	4		12 NO 0	le. Les	2015

supplied. 7, WITH UNFADING INK. Every item of information should be camportant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE WRITE PL correct age is especially



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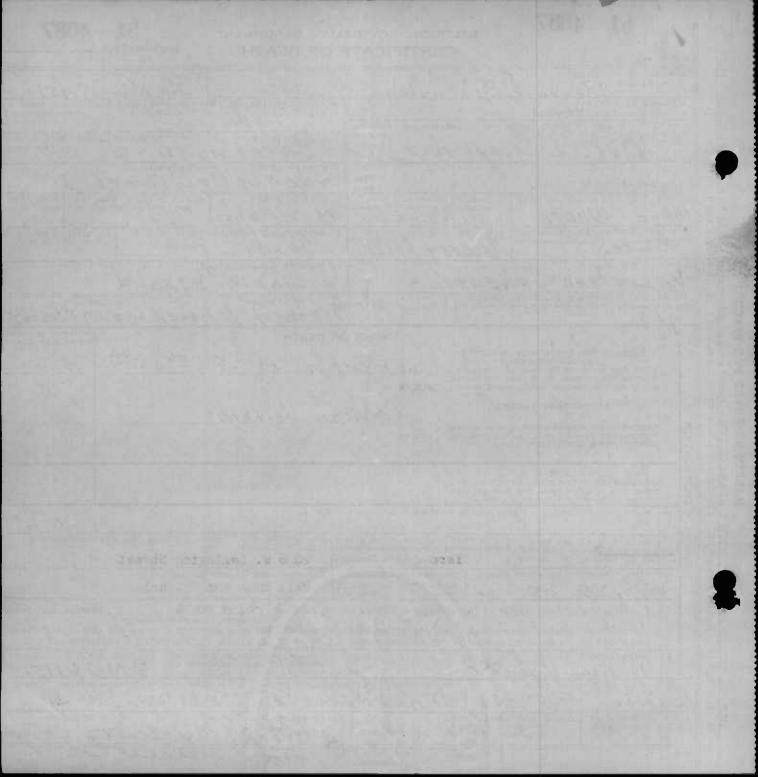
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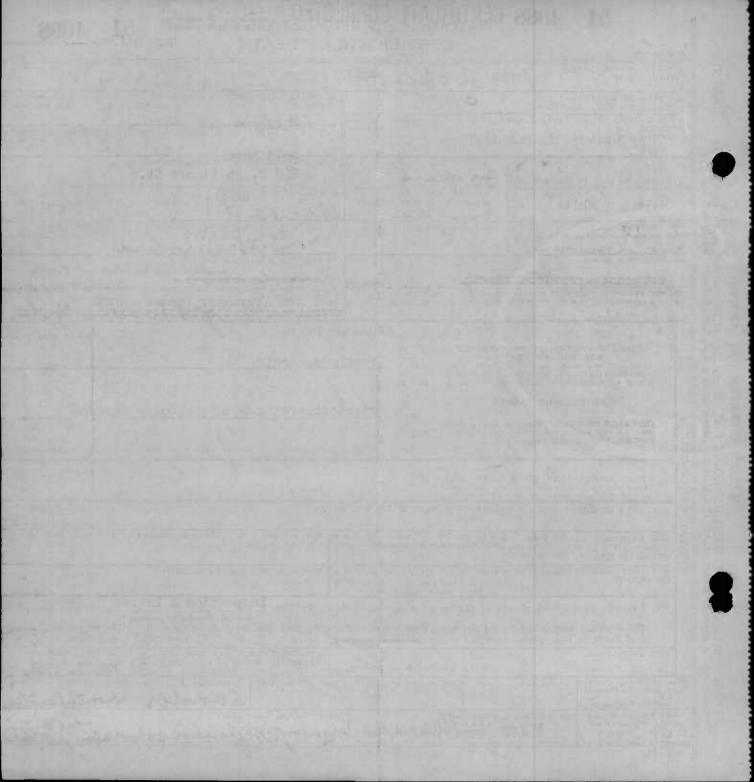
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A. Baltimore City, Maryland

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

2,0

work done during most of working life, even if retired

St. Agnes Hospital

3. PLACE OF DEATH:

B. FULL NAME OF

HOSPITAL OR

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supplied.

information should be of death clearly and

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of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Days

325	BABY ROBERT TRAMONTAL	ON	OF Ma	y 4, 1951
Maryland	Baltimore City Md.	4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
(If not in hos)	pital or institution, give street address or	MAUTTWIND		

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location)

6700 REISTERSTOWN ROAD

8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours nths Days last birthday) Hours : Min. 10 June 27 1950 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

INDUSTRY Baltimore 14. MOTHER'S MAIDEN NAME

Rose Martino

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

13. FATHER'S NAME

(Yes, no or unknown)

18.

CATION

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UNFADING Physicians: p

WRITE

PLEASE

Frank Tramontano

6. COLOR OR RACE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

months

7, SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

108. KIND OF BUSINESS OR

17. INFORMANT Frank Tramontano

ADDRESS 213 S. High St.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO OUER WHELMING TOXIEMIN Mesenteric Adenopathy

(A) SEPTICEMIA E

CAUSE OF DEATH

Pulmonary atelectasis and congestion Congestion viscera

(over

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

> 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

DUE TO

(C)

21c. WHERE DID INJURY OCCUR?

YES 4 (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY WORK

22. I hereby certify that I attended the deceased from 6

NOT WHILE

1957 to_ , 1967, that I last saw the , 1957, and that death occurred at 6:55 m., from the causes and on the date stated above.

23A. SIGNATURE 24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Byrial

deccased alive on_

May 7 1951

Holy Redeemer Cemeterv

4430 Belair Rd. Balt.Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS 322 S. High St.

See Document File 51-4089 9/25/51 ES When a trong Indian herme and other - may me be advised in leave efthere me interestion of what may have could the septicema? Dr Harde mis Systemia . In so the . To take a second to near some of AND PROPERTY OF THE PERSON NAMED OF THE PERSON

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	-		51 4090	, RAI	TIMORE CITY	HEA	LTH DEPARTME	NT	5:	1 4090
	1	300					OF DEATH		Registered No	
	BIRTH NO. 1. NAME OF DECEASED							2. D/	TE	
		Type or Print) Mrs. Ella T. Codd						(of May 3	, 1951
	3.	s. PLACE OF DEATH: A. Baltimore City, Maryland St. Agnes Hospital					. USUAL RESIDENC	E (Where de		stitution: residence before admission)
	В.	FULL NAME O			ion, give street addre	ss or	Maryland	Baltim	ore	
	IN	INSTITUTION St. Agnes Hospital					Baltimore	(If outside		write RURAL and give township)
2 30	4			-		Yrs.	D. STREET ADDRESS (If rural, give location)			
192	-	Length of st	tay in Baltimore			Mos.	133 S. Hilto			
n		SEX	6. COLOR DR RAC	E 7. SINGL	E, MARRIED.	Days	. DATE OF BIRTH	9. AG	E (in years If U	nder I Year If Under 24 Hours
a		Female	White		ved divorced (S _r	pecify)	gust118188	32 las	58 Mont	ths Days Hours Min.
all	1Q. work	A. USUAL OCC	CUPATION (Give kind f working life, even if retire	of 10B. KIND	OF BUSINESS O	R 1	1. BIRTHPLACE (State	The second second	ountry) 1	2. CITIZEN OF WHAT COUNTRY?
212	-	House	wife				Maryland			WHAT COUNTRY
act	13	. FATHER'S N	IAME			1	4. MOTHER'S MAIDE			
an I	15	Morri	s Griffin,	deceased			Julia Fitzg	erald		
0 0	(Yes	, no or unknown)	D EVER IN U. S. ARN (If yes, give war or de	tes of service)	16. SOCIAL SECURITY N	10.	7. INFORMANT	PI	ADI	055 1-04ST.
T C C	-	No 18. 44	, ,/		CALL	770	V. roseph	Coda	-, 133,	INTERVAL BETWEEN
2		17	6 X I	DIRECTIV	CAU	SE OF	DEATH			ONSET AND DEATH
PIII		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)								
376		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
M		ANTECEDENT CAUSES								
900	Z									
pre	NOIL	RISE TO TH	HE ABOVE CAUSE (A) STATING TI	HE DUE TO					The section
. 677	CA				(c)/d	RT	EMISSEL	EROS	15	
1010	RTIFIC		Ш				DIAM DECEMBER			
2613	Ш	TRIBUTING	IGNIFICANT CON	T NOT RELATI	ED					
4	O		F OPERATION		FINDINGS OF	PERAT	ION			20, AUTOPSY?
11100	EDICAL		2							YES NO
77.70	ă		ENT WAS UNDER		ACE OF INJURY (e. g., in or bldg., etc.)	21c. WHERE DID	(If in Ba	ltimore City, giv	ve exact location)
d III	Z	CAUSE OF I	DEATH							
		OF INJURY	Month) (Day) (Yes	, ,	21E. INJURY OCC	VHILE [21F. HOW DID IN.	JURY OCCL	IR7	
100				m.	WORK ATW	ORK L	100 101	12/		,
200			y certify that I a			71	8 , 1957, to			that I last saw the
2		deceased al			and that death o		d at Sigs m., fro	om the cau	ses and on the	23c. DATE SIGNED
3		4	of and	1. 1	Send M.D		19. 6	the way	1/erh	5/3/57
20	24 TJØ	BURIAL, C		4/	24C. NAME OF CEN	ETERY	OR CREMATORY 24	D. LOCATIO	ON (City, town, o	r country (State)
3	6	Uria	& May	1/5/	Mew Ca	th	edral 4.	300 CC	ld Kreds	1. 1-d. Posts.
		CAL REGISTI	RAR	R'S SIGNATI	RE .	2	FUNERAL DIRECT	OR	8,	ADDRESS OUT
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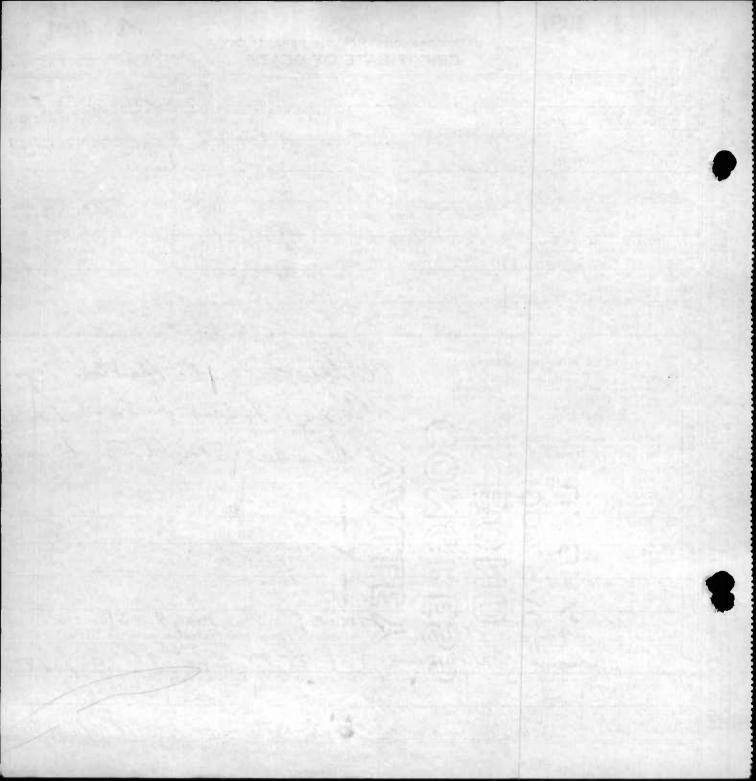
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	RTH NO.		
(T	NAME OF DECEASED ppe or Print)		2. DATE OF
3.	PLACE OF DEATH: George H. Kelly.	4. USUAL RESIDENCE (W	here deceased lived. If institution: residence
Α.	Baltimore City, Maryland	A. STATE	B. COUNTY before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If	outside corporate limits, write RURAL and give
IN	1234 Union Ave		13- Co township)
V	U 1234 Union Ave	Paltimore o. STREET ADDRESS (If r	ural, give location)
-	Mos.		
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED,	1234 Union	9. AGE (In years Il Under I Year If Under 24 Hours
	hale White Widowed, Divorced (Specify)	70 7005	last birthday) Months Days Hours Min.
10.	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	Dec 19,1885	reign country) 12. CITIZEN OF
work	done during most of working life, even if retired) INDUSTRY		WHAT COUNTRY?
-	etired bridge const Whiting &Turne	Penna. 14. MOTHER'S MAIDEN NA	I U.S
		14. MOTHER S MAIDEN NA	CIVIE
3.55	William Kelly	<u> </u>	
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
	216 09 970	Badie B. Welly	
	18. 470.0 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND OEATH
	DISEASE OR CONDITION DIRECTLY	1.	
	(This does not mean the mode of dying, e.g., (A)(A)	the Skart Dress 10 year	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	2	. 1.
	ANTECEDENT CAUSES	De Xlea	et Failure / minte
Z	(B)		, many
임	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	10 10	mellitis Isiyan
Y	UNDERLYING CONDITION LAST.	Viabeles	Thellies ofying
H	(C)		
E	OTHER SIGNIFICANT CONDITIONS CON-		
E	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
O.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
AL			YES NO
DICAL	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in HOMICIDE (Specify) about home, farm, factory, etreet, office bidg., e		f in Baltimore City, give exact location)
Œ.	TIONICIDE (Dicery)	11100111 0000111	
2	21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?
	m. WHILE AT NOT WHILE		
		ene / 195/to	may 4, 195 that I last saw the
	deceased alive on key 195, and that death occur	9/45	re causes and on the date stated above.
		3B. ADDRESS	23C. DATE SIGNED
	Congal Wallenston	E48 W 3	6 18 3-15/17
24	AA. BURIAT CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City, town, or count) (State)
TIC		Thomas C.	mmall 0. Ma
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	rroll Co. Address
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BALTIMORE CITY HEALTH DEPARTMENT

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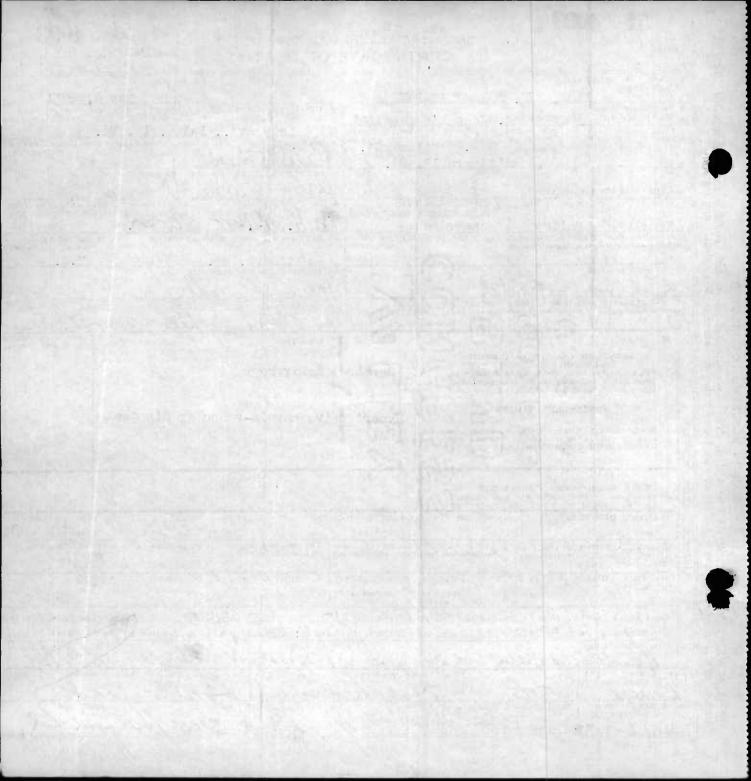
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	ME OF DECI					2. DATE		
			nas Dotterman			DEATH MAJ		
	timore City	, Maryland			4. USUAL RESIDENCE (WA. STATE	here deceased lived. B. COUNTY		residence re admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					Maryland			
	UTION	3225 Lake		tion)		outside corporate lin	nits, write RUI	RAL and give township)
0.0		ozzo Dane			Baltimore		المعيية الما	oo waanap)
				Yrs. Mos.	D. STREET ADDRESS (If 1			
c. Len		in Baltimore	7. SINGLE, MARRIED.	Days	3225 Lake Av		# U 4 T 9	W 0 . 2. W
			WIDOWED, DIVORCED (Sp			9. AGE (In years last birthday)	Months Days	H Under 24 Hours Hours Min.
	ale	white	married 108. KIND OF BUSINESS OF		March 11, 1894			
work done	during most of wo	rking life, even if retired)	INDUS		11. BIRTHPLACE (State or fo	reign country)	12. CITIZE WHAT	OUNTRY?
12 EA	Retire	d Barber			Germany			
13.1A	O NAW	16			14. MOTHER'S MAIDEN NA	AME		
3 E 34/ A	C DECEASED 5				?			
(Yee, no o	r unknown)	VER IN U. S. ARMED	of service) SECURITY N	10.	I7. INFORMANT		ADDRESS	
-			216-09-23	03	Mrs. Helen Dot	terman,32	225 Lake	e Ave
18. 443× I CAUSE OF DEATH								AL BETWEEN
DISEASE OR CONDITION DIRECTLY								
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)								*********************

E F	RISE TO THE	ABOVE CAUSE (A)	STATING THE DUE TO	10				
UNDERLYING CONDITION LAST.								****************
Ē -		- 11		-				
	OTHER SIGN	II VIFICANT CONDI	TIONS CON-					
		THE DEATH, BUT						
19A	DATE OF	PERATION 1	98. MAJOR FINDINGS OF C	OPERA	TION		20. A	UTOPSY?
CAL			1				YES	NO L
O LY		T WAS UNDER- ONTRIBUTING	21B. PLACE OF INJURY (e ebout home, ferm, factory, street, office i			f in Baltimore City	, give exact lo	cation)
	TIME (Mon	nth) (Day) (Year)	(Hour) 21E. INJURY OCC	URREI	2 1F. HOW DID INJURY	OCCUR?		
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22	I herchy o	ertifu that I att	ended the deceased from	-	4 1 , 1957, to M	3 10	51, that I la	ot agen 41
			, 19.51. and that death o				the date eta	st suiv the
23/	A. SIGNATUR	E	, 13 Lt., and that death o		P ADDRESS			E SIGNED
	-	C Jourse	Soon M.D	. 4	18 Sold SIX		5/4/5	1
24A. E	BURIAL CRE	MA- 24B. DATE	24c. NAME OF CEM	TETER	Y OR CREMATORY 240. LC	OCATION (City, tow	vn, or county)	(State)
Bui	riab	5/7/51	Holy Re	dee	mer Ba	altimore,	Maryla	nd
DATE	RECEIVED B	Y REGISTRAR'S	SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
M	IAV 7	or of the	theodor Williams "	- felici	Leonard J. Buc	k, 5305 H	Harford	Road.
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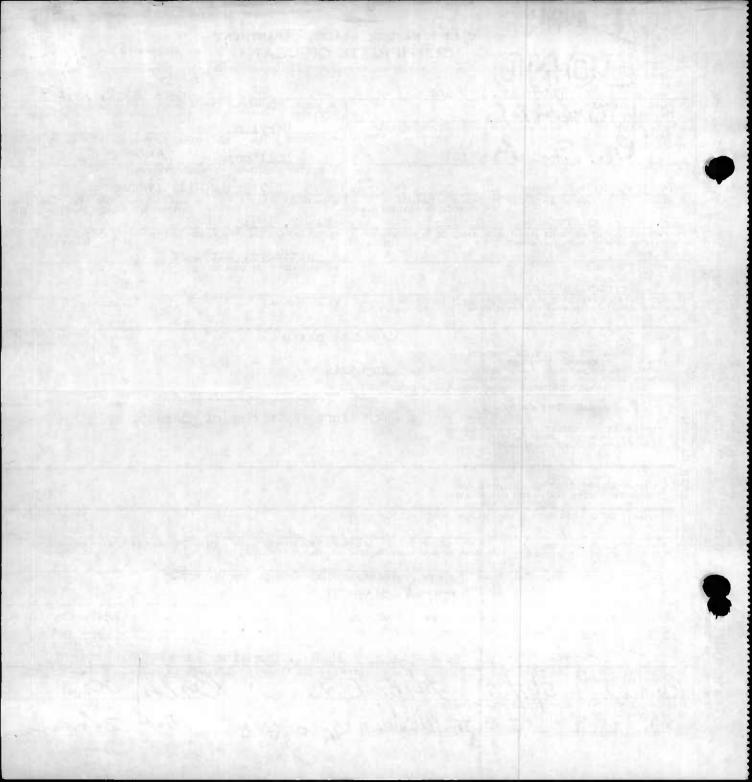
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odu	portant.	Physicians:	please	cians: please write the causes of death cle	ne caus	ses of	f death	clearly	and	early and legions.		13	

4093 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF RICE, MRS. ANNA ELIZABETH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland St. Joseph's Hospital A STATE B. COUNTY before admission) 2104 Lake Ave. B. FULL NAME OF (If not in hospital or institution, give street address or Balto, 18, Md. (If outside corporate limits, write RURAL and give C. OTTY OR TOWN 1400 N. Caroline INSTITUTION township) Baltimore 13. Md D. STREET ADDRESS Yrs. (If rural, give location) Mos c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) It Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 0-21-1885 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife imore. Md 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. EVER IN U. S. ARMED FORCES? 16. SOCIAL **ADDRESS** (Yes, no or unknown) SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive cardio-vascular disease FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK , 1951, to 5/4/51 22. I hereby certify that I attended the deceased from 5/3/51 ____, 19___, that I last saw the deceased alive on 5/4/51, 19, and that death occurred at 5:55PMn., from the causes and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CHEMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE UNERAL DIRECTOR MODRESS LOCAL REGISTRAR VS 150



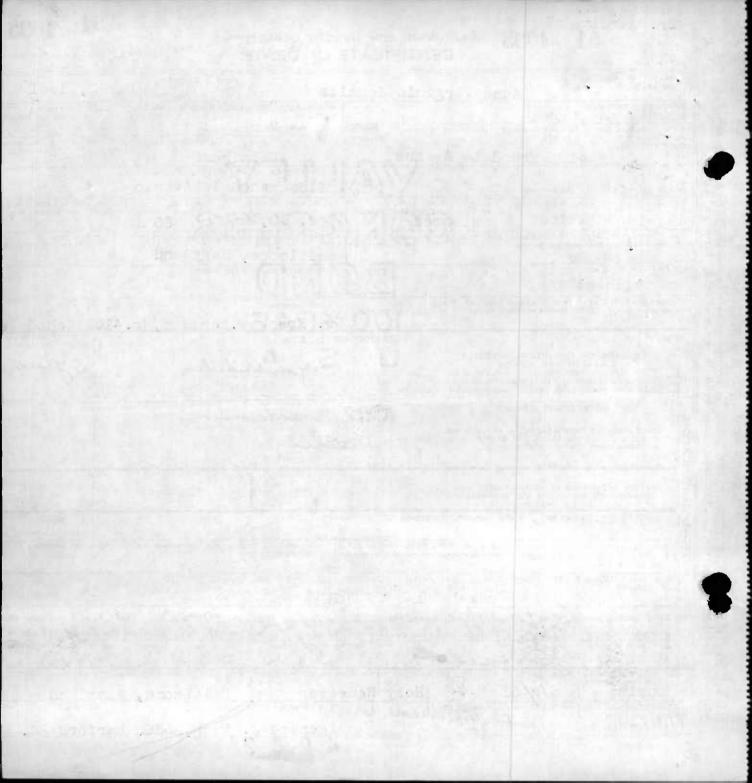
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BI	152 RTH NO. :	51-09686	BAI		E OF DEATH	Registered No	
1.	NAME OF D		rl Robb	nins		2. DATE. OF DEATH May 2	וסכו
	PLACE OF D		2 2 11001	J 2.1.0	4. USUAL RESIDENCE (V	Where deceased lived. If in	nstitution : residence before admission
B. I	FULL NAME OSPITAL OR STITUTION		al or institut	ion, give street address or location)		outside corporate limits,	write RURAL and giv
11	1	St. Joseph's	Hospita	Yrs.	Raltimore o. STREET ADDRESS (If	14-0	township
C.	Length of s	tay in Baltimore		Mos. Days		Hill Avenue	
5,	SEX	6.COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) # U	nde: I Year If Under 24 Hour ths Days Hours Min
10.	A. USUAL OC	CUPATION (Givekind of	Sing	OF BUSINESS OR	May 2, 1951	oreign country) 1	2. CITIZEN OF
	None FATHER'S	of working life, even if retired)		INDUSTRY	Baltimore, Mar		WHAT COUNTRY
	Her	man Robbins					
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
RTIFICATION	DISEASE RISE TO T	complication which c ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	ES F ANY, GIVIN STATING TH	(B) Prema	ture separation o	f placenta	
CER	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
AL	19A. DATE	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		YES NO
MEDIC		R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		If in Baltimore City, gi	ve exact location)
~	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
		y certify that I att live on 5/2/51	ended the	_	/2/ rred at 12:45 Pm! from t	5/2/, 1957, he causes and on the	that I last saw the
	23A. SIGNA	Tark W.	13	cher S, M. D.	1100 N. Caroline		23c. DATE SIGNED
1	Ounia (S	gecify) 5/1/	51	24c. WINE OF CEMETE	edeemu /	Dalks	nd
LO	MAY 7		SIGNATU	on Williams, M.	I Separt	Hoof E	hodale
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Dr. Harding

Registered No. May 3, 1951 before admission) (If outside corporate limits, write RURAL and give township) 9. AGE (In years | | Under | Year | | Under 24 Hours last birthday) | Months; Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY (If in Baltimore City, give exact location) , 195/, that I last saw the m., from the causes and on the date stated above. 23¢. DATE SIGNED Maryland

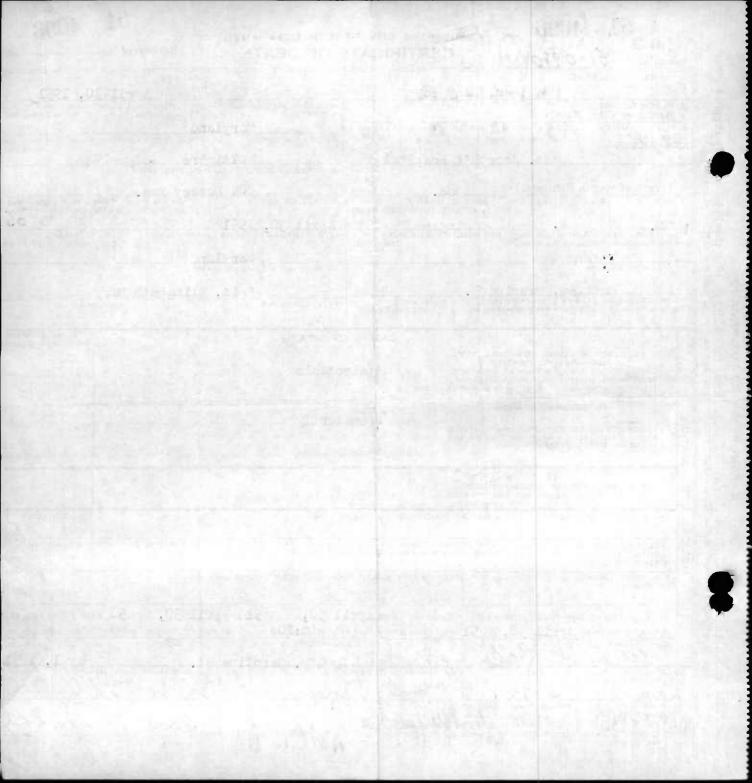


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Registered No.

o/ CERTIFICATE	- OI BEATH	
	2. DATE	
ttheu, Baby Boy	OF DEATH Apr	il 30, 1951
	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution: residence before admission)
hospital or institution, give street address or	Maryland (att au 10-
location)		nits, write RURAL and give
Jsoeph's Hospital	Baltimore Ess	township)
Yrs.	D. STREET ADDRESS (If rural, give location)	
ore l da Mos. Days	80h Dorsey Ave.	5300
ACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH). AGE (in years)	If Under 1 Year If Under 24 Hours Months: Days Hours: Min
Single	April 30, 1951	3 35
kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	1 12. CITIZEN OF
etired) INDUSTRY	Normal and	WHAT COUNTRY?
	Maryland 14. MOTHER'S MAIDEN NAME	<u> </u>
ARMED FORCES? 16. SOCIAL	Feit, Elizabeth	
or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
		ALLE COLLEGE C
	OF DEATH	ONSET AND DEATH
ION DIRECTLY DEATH		
t means the disease,	ctasis	
ich caused death.) DUE TO		
CAUSES		
(B) Prema	turity	
NS, IF ANY, GIVING (A) STATING THE DUE TO		
N LAST.		
ONDITIONS CON-		
BUT NOT RELATED		
1 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
138. MAJOR TINDINGS OF OFER	ATION	YES NO V
ER. 218. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City	, give exact location)
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Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
WHILE AT NOT WHILE	TIP: NOW BIB INSORT OCCUR!	
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	1 30, ,1951, to April 30, ,19	
	red at 6:20a m., from the causes and on	the date stated above.
B. 1 1 2	3B. ADDRESS	23c. DATE SIGNED
Jaker, M.D.	UOO N. Caroline St.	May 1, 1951
TE 24C. NAME OF CEMETE	OR CREMATORY 240. CATION (City, to	wn, or county) (State)
7-51 9 7 Apl, Le	deemer Dallo	ma
RAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
white stor Pollians, Mill	Kuck 5305	Hartordel



ly supplied.

UNFADING INK. Every item of information should be ca. Physicians: please write the causes of death clearly and legibly.

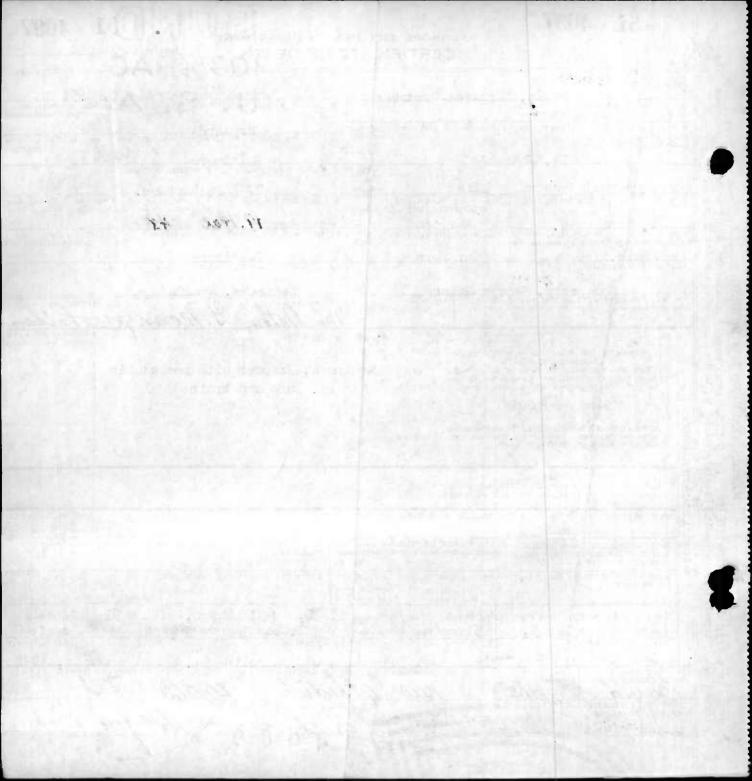
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BALTIMORE CITY HEALTH DEPARTMENT

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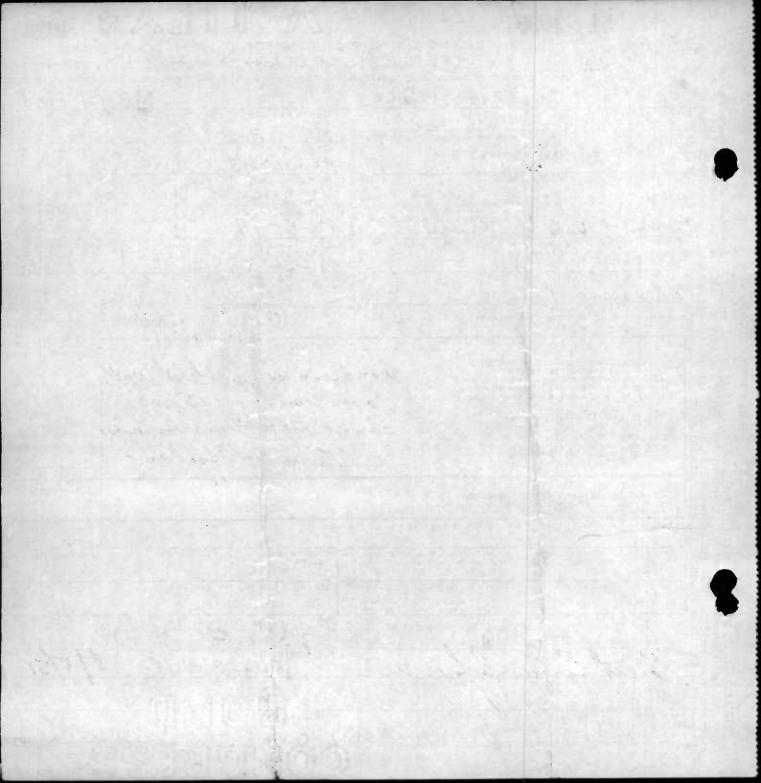
1.00		C	ERTIFICAT	E OF DEATH	Register	ed No
BIRTH NO.						
I. NAME OF (Type or Print)	DECEASED				2. DATE OF	
	Moran	Margaret	Gertrude		DEATH Ma	y 6. 1951
3. PLACE OF	City, Maryland			4. USUAL RESIDENCE	E (Where deceased live B. COUNT	d. If institution : residence Y before admission
B. FULL NAMI		al or institution	, give street address or			before admission
HOSPITAL OF	2		location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and giv
MONTHURAN					h	1 11 township
4/1	St. Jos	epn's	Yrs.	D. STREET ADDRESS	(If rural, give location	
T 11 0	1 10 111	7 . 0	Mos.			• ,
	stay in Baltimore	Life	Days		Pelham Ave.	al Milada I Van I Mila a Rivi
5. SEX	6. COLOR OR RACE	7. SINGLE, WIDOWEI	MARKIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last hirthday)	Months: Days Hours: Min
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Hwfe		Oum	INDUSTRY	Do 1 4	1	WHAT COUNTRY
13. FATHER'S		Own	UO IRG	14. MOTHER'S MAIDE	i more	
IE WAS DESEA	Dougherty, Ger			Weinecke	, Amelia	
Yes, no or unknow	SED EVER IN U.S. ARMEI	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0,7	ADDRESS D.
				Mr. linthur	J. Moran	2752 Telham
18. / /	CIV		CAUSE	OF DEATH		INTERVAL BETWEE
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	LEADING TO DEAT	TH				
	es not mean the mode cilure, asthenia, etc. It mea		(A)Ganc	inoma, Bladder	With metasta	S15
injury o	or complication which c	caused death.)	DUE TO t	ort. lung and	brain	
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7	AITTECEDENT CAUC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(8)			
DISEAS	ES OR CONDITIONS, I		(0)			***************************************
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3			(C)			
	11			· · · · · · · · · · · · · · · · · · ·		
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W TRIBUTII	NG TO THE DEATH, BUT DISEASE DR CONDITION					
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314 ACC	IDENT WAS UNDER-	I 218. PLAC	E OF INJURY (e. g., I	o or 21c. WHERE DID	(If in Baltimore C	ity, give exact location)
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OF INJUR			ILE AT NOT WHILE			
			ORK AT WORK	• 7 ° 0 - 7 = /	35 /	0 5 3
						19.51 that I last saw th
deceased	alive on May 5,	_, 19_51. ar	nd that death occur	rred at 7:02am., fro	om the causes and	on the date stated abov
23A. SIGN	ATURE	- 17 - 72 - 73		23B. ADDRESS		23c. DATE SIGNED
L.	a. ale	cee	, M. D.	1400 M Caroli	ne St.	May 6, 1951
24A. BURIAL.		24	C. NAME OF CEMETE		D. LOCATION (City,	
TION REMOVAL	(Specify)	-/	noud Por	the deal.	100B	nel
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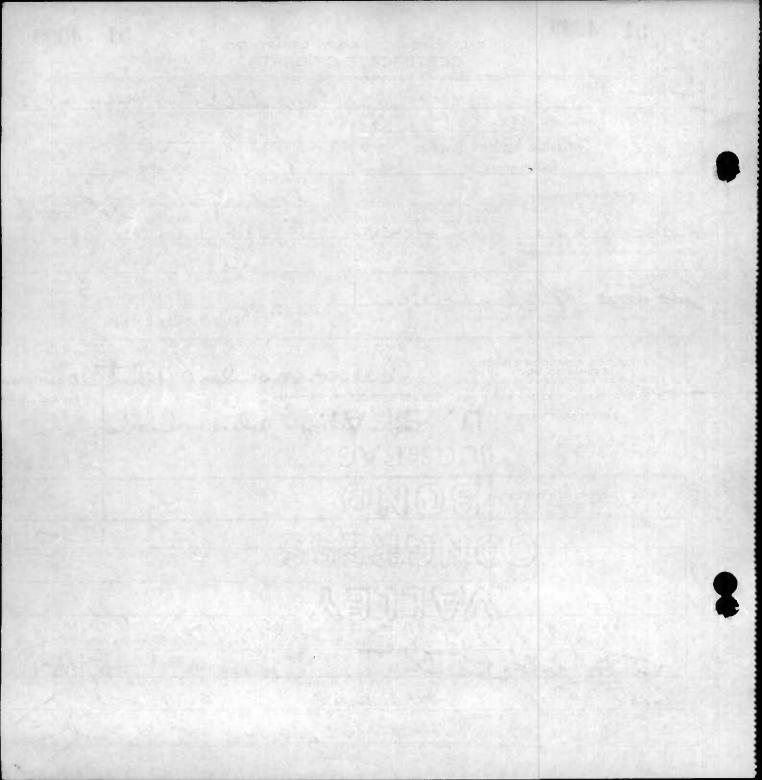
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4990	June		TH DEPARTMENT	Registere	J Ma	, 000
	RTH NO. N.A.	ICATE	OF DEATH	Registere	u No	
	STEPHANIE D	iees		2. DATE OF DEATH	AY4	,1951
	PLACE OF DEATH: Baltimore City, Maryland /44/4 - 44 w		. USUAL RESIDENCE (W	here deceased lived B. COUNTY		n : residence fore admission
H	FULL NAME OF (If not in hospital or institution, give street of the Johns Hopkins Hospital or institution)	3 1. 1	CITY OR TOWN (IF	outside corporate li	mits, write li	URAL and give
3	Baltimora 5, M.S.	N	ANNAPOLIS			township
c.	Length of stay in Baltimore	Mos. Days	STREET ADDRESS (If I	t St.	521	0
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE SINGLE		12-5-49	9. AGE (In years last birthday)		H under 24 lieurs Hours Min.
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13	Sidney Disse	14	MOTHER'S MAIDEN NA	ME	100)
15 (Ye	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 6. no or unknown) (yes, give, war or date, of trivice) SECUR	ITY NO.	7. INFORMANT Johns I	lopkins Hosp	ADRESS	
		CAUSE OF	DEATH Baltim	ore 5, Me.		RVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	al a		P. 1.	ONS	EI AND DEATH
	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	CHINA	co Sarconja-	aug w	26	******************
	injury or complication which caused death.) DUE TO	Past.	. Operature .	15k+0	-	
Z	ANTECEDENT CAUSES (B)	Sligh	+ Left Oken	wal Effe	بالمداور	
TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	0,	PK INDE	11/1	,5 to 12.	
FICATION			Jersana y	gainen.		***************************************
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C	TO THE DISEASE OR CONDITION CAUSING IT.	OF OPERATI	101		1.20	. AUTØPSY1
AL	TON DATE OF OF ENAMES	OF CILICATE	1014		YE	
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street		21c. WHERE DID (II	in Baltimore Cit	y, give exac	t location)
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d	m. WHILE AT WORK	AT WORK		1	-	
	22. I hereby certify that I attended the deceased fr	rom 4-	20 - 1951, to	7 -4-, 19	5, that i	last saw th
	deceased alive on 2-4-, 1951, and that de	23B.	at 7 am., from the	ns Hospital or	the date	ATE SIGNED
	Sokert Churchelen) _{M. D.}	Raltimore !	5. Md.	1 4 /	3/51
	ON POMOVAL (Specify) 5-4-51 Bre	WW T	OR GREMATORY 240. LC	mahali	wn, or could	y) (State)
III.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	1 11 = 7	FUNERAL DIRECTOR	0.0 11-1	ADDRE	ss la ma

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F	BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
	. NAME OF DECEASED Type or Print)	201 9 100	2. DATE OF
	3. PLACE OF DEATH:	II 4. USUAL RESIDENCE (Where deceased lived. If institution, residence
11-	Baltimore City, Maryland	A. STATE	B. COUNTY Colore admission
1 1	NOSPITAL OR NATITUTION THE Johns Hopkins		f outside corporate limits, write RURAL and giv
-	Baltimore 5		timole
1	. Length of stay in Baltimore	Mos. 126	f rural, give location)
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1	3. FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME
1	ishton Mc Ga	1 de 88	2
CY	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANTHE John	ADDRESS
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	18. 33/X		U.MU. S. MO. INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.		as assident interes
	heart failure, asthenia, etc. It means the diser injury or complication which caused dear	ase.	to the state of th
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Registered No. 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution; residence B. COUNTY before admission) outside corporate limits, write RURAL and give 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. 63 12. CITIZEN OF WHAT COUNTRY?

ADDRESS

3 Herreng INTERVAL BETWEEN

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

, 19 1 (that I last saw the deceased alive on 17 for b. 1951, and that death occurred at 3 Pm., from the causes and on the date stated above. 23C. DATE SIGNED

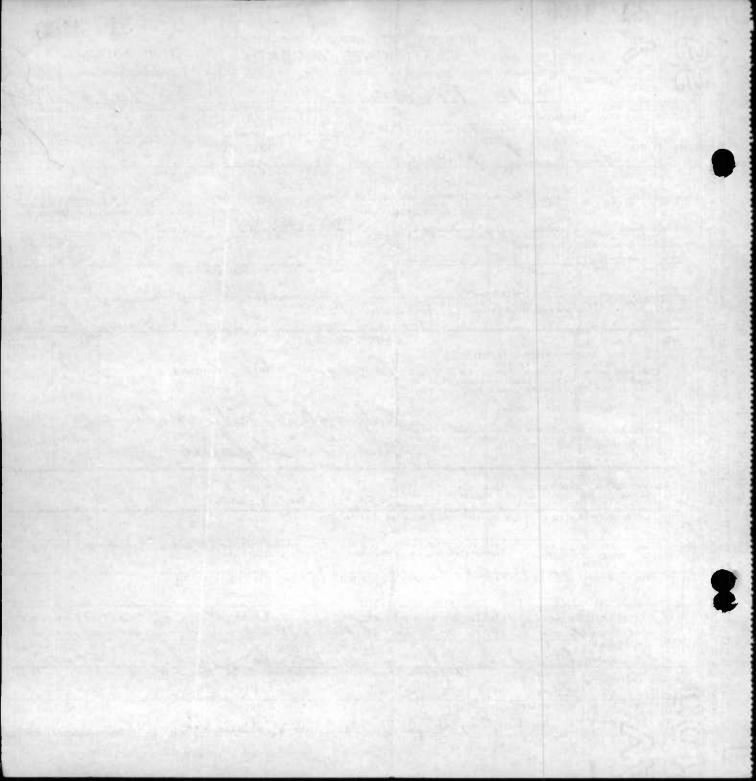
My Myster -

20. AUTOPSY

DATE RECEIVED BY LOCAL REGISTRAR

25, FUNERAL DIRECTOR

VS 150



51 4101 Registered No.

before admission)

If Under 1 Year 9. AGE (In years) last birthday) Months: Days Hours: Min.

12. CITIZEN OF

ADDRESS

20. AUTOPSY?

ONSET AND DEATH

(If in Baltimore City, give exact location)

L, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

RECISTRAR'S SIGNATURE

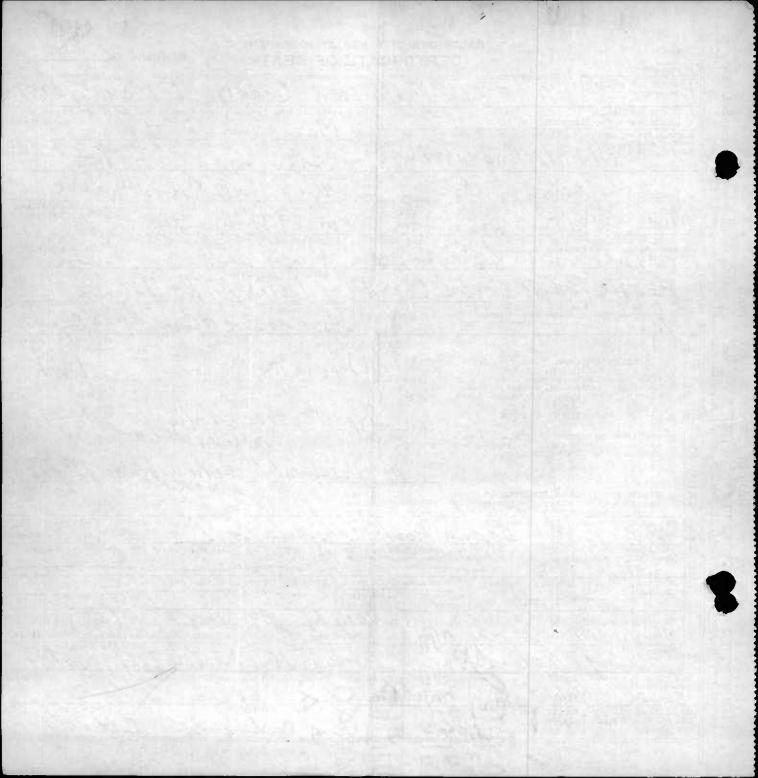
24A. BURIAL, OREMA-TION. REMOVAL (Specify) Burial

oodlawn

25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTE VS 150

DATE RECEIVED BY



information should be sof death clearly and l

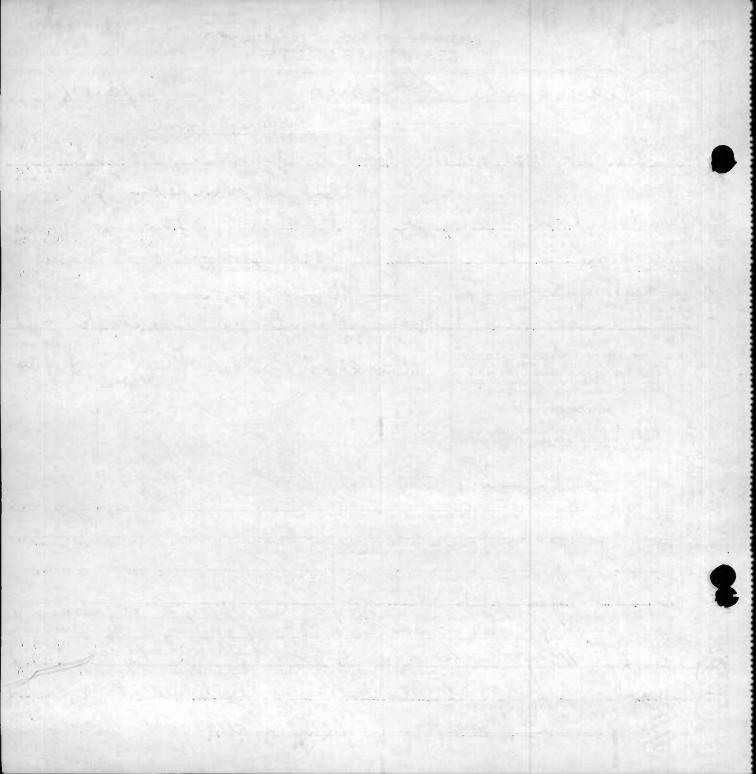
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UNFADING Physicians:

PLEASE WRITE correct age is esp

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 5 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COONTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | ff Under | Year | If Under 24 Hours last birthday) | Months; Days | Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) dowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY L.S. A grone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME monure 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. grone INTERVAL BETWEEN CAUSE 447 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. EPTIFICA (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from May 167. to Ma I that I last saw the deceased alive on May 2 10/ , and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B D 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE PIRECTOR ADDRESS LOCAL REGISTRAR VS 150



51 4103

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED CASSARd. STELLA (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (V A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or md. Hospital Gnion henorial C. CITY OR TOWN INSTITUTION ENTRELIFE 75 Yrs. Mos. c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10 5 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) MOUSTRY * none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK LIELLER CASSARD. 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) FRANK LELLER CASSARD SECURITY NO. TIM SON 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CEREBRAL HEMORRAAGE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICATI UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) 11 OTHER SIGNIFICANT CONDITIONS CON-W TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 4 218. PLACE OF INJURY (e. g., in nr 21A. ACCIDENT WAS UNDER 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 3:00 dcceased alive on_ 5 - 6 and that death occurred at. 23A. SIGNATURE memorial A 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY PLEA burial 5 - 8 - 51Greenmount DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 का वार मेक्षाकर क

51	4103
od No	1400

East Orange, N.J

Registered No.

2. DATE OF DEATH	5-1	1-51
here deceased B. COU		institution : residence before admiss

(If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location)

34100 46 9. AGE (In years | If Under | Year last birthday) Months Days Hours Min.

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U5A.

ADDRESS

SOUTH ORANGE . NOTET AND DEATH

(B) HY PERTENSIDE CARDIO-VASCULAR DUSINSE?

20. AUTOPSY (If in Baltimore City, give exact location)

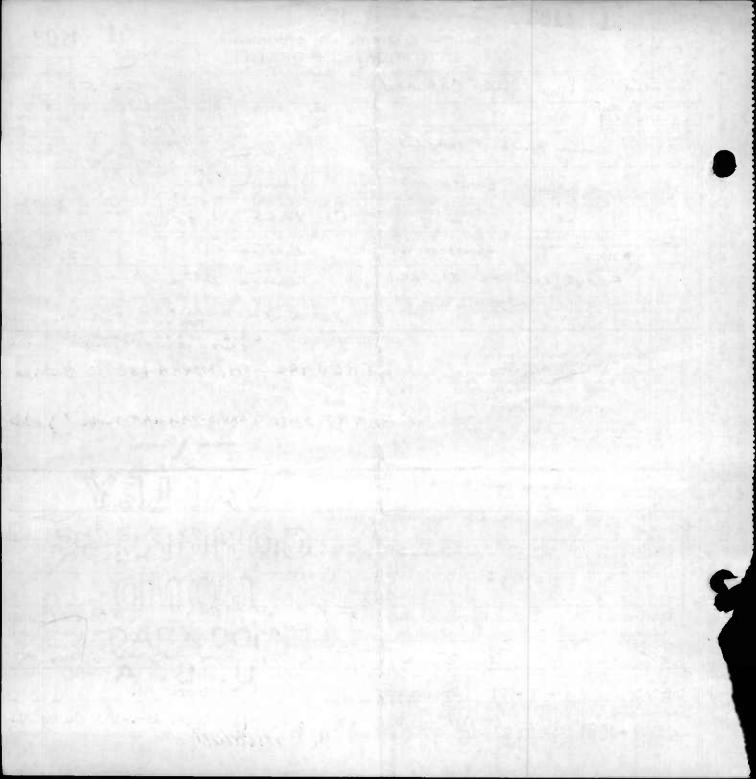
21F, HOW DID INJURY OCCUR?

19 5, that I last saw the Am., from the causes and on the date stated above.

23c. DATE SIGNED

240. LOCATION (City, town, or eounty) Baltimore, Md.

ADDRESS John O.Mitchell & Sons, Inc .- 1900 Eutaw Pl.



VS 150

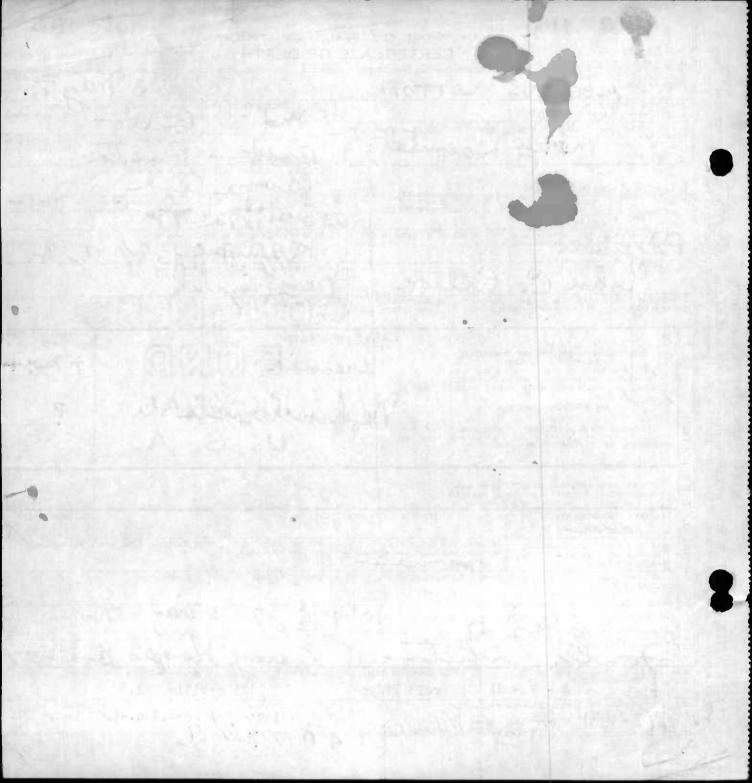
DISTRIBUTE STATES But Ham Co entral Houself College STOP FROM DEATHER FOR THE STANFON SALVANIA STANFON AND DEVENOUS ASSETS OF THE PARTY OF THE PART

(State)

: residence

before admission)

If Under 24 Hours



BALTIMORE CITY HEALTH DEPARTMENT

51 4106

BI	51 RTH NO.	4100		CERTIFICAT	E OF DEATH	Registered 1	No.
1	NAME OF D	ECEASED				2. DATE	
(1	ype or Trime,	Villiam Irving	Medle	У		DEATH 5-1-	-
3. A.	Baltimore (City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution : residence before admission
	FULL NAME OSPITAL OR			ion, give street address or location)		antalda annonata limi	ts, write RURAL and giv
	HOSPITAL OR INSTITUTION Baltimore City Hospitals location) 4940 Eastern Avenue			Baltimore	17-	township	
1			196-51	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of s	tay in Baltimore	li	fe Mos. Days	778 Bradley St	:-1	
5.	SEX	6. COLOR OF RACE	7. SINGLE	E, MARRIED.	B DATE OF BIRTH	9. AGE (In years)	N Under 1 Year H Under 24 Hour onths: Days Hours: Min
M	lale	Negro	Separ	(ED, DIVORCED (Specify)	October 2, 1891	59	oncus Days Hours Mill
10 work	A. USUAL OC	CUPATION (Give kind of of worklog life, even If retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
	Willia	m Medley			Liza Butler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ooknowo) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT ADDRESS Records: B.C.H. 4940 Eastern Avenue		DDRESS Avenue	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			matic Heart Diseas	3.0	20 yrs.	
Ë		11		(C)			
CER	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED	A		
	The state of the s			FINDINGS OF OPER	RATION		20. AUTOPSY?
A							YES NO
EDICAL	21A, ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	in or 21c. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
Σ -	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRE OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK			CONTRACTOR OF THE PARTY OF THE	COCCUR?		
1		22. I hereby certify that I attended the deceased from 12-12, 19 50 to 5-1, 19 51, that I last sa deceased alive on 5-1, 19 51, and that death occurred at 5:05Pm., from the causes and on the date stated of					
	23A. SIGNA	TURE . C	203	are M.D.	4940 Eastern Ave	nue	5-4 -51
TIN	AA. BURIAL.	CREMA- Specify)	5-9	24c. NAME OF CEMETE	ERY OR CREMATORY 249 L	day Hell	ma.
	ATE RECEIVE			Wis.	25 PUNERAL DIRECTOR	ita di-	ADDRESS (A 18)

UNFADING INK. Every item of information should be car Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PICTOR WITH Correct age is especially important.

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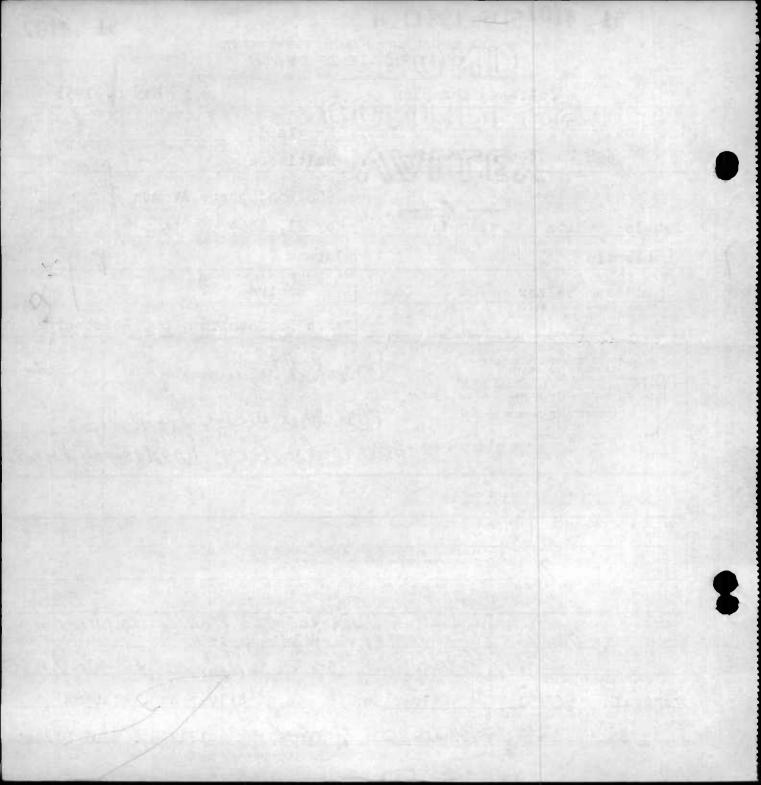
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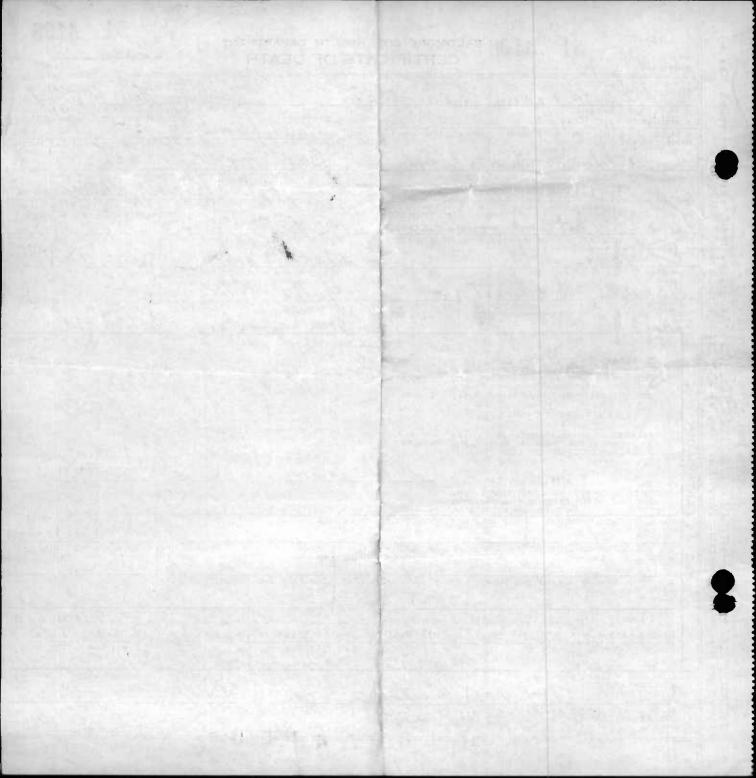
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	WRI	9 18
	LEASE WRITE PR	age is

B	IRTH NO.				
	NAME OF DECEASED Type or Print) Julianna Champion	2. DATE OF May 6, 1951			
B. H	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR NSTITUTION 608 Woodbourne Avenue				
o c	Yrs. Mos. Length of stay in Baltimore Days	o. STREET ADDRESS (If rural, give location) 608 Woodbourne Avenue			
all	sex 6.Color or race 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W100Wed	May 21, 1864 9. AGE (In years of Under I Year Months Days Hours Min.			
wor 10	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR kdopeduring most of working life, even if retired) NOUSEWLIE	11. BIRTHPLACE (State or foreign country) Alabama 12. CITIZEN OF WHAT COUNTRY?			
	William Walker	14. MOTHER'S MAIDEN NAME Rosine ?			
Causes of	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO.	James L. Champion, 608 Woodbourne Av			
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) CONDITION DIRECTLY (A) DUE TO (B) DUE TO (C) DUE TO (C)				
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO			
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., e 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK WORK AT WORK	to.) INJURY OCCUR?			
" II TI	22. I hereby certify that I attended the deceased from 1997, to 1997, to 1997, that I last saw the deceased alive on 1997, and that death occurred at 4:33 Pm., from the causes and on the date stated above. 23a. SIGNATURE 23c. DATE SIGNED 4a. BURIAL, CREMA- ON, REMOVAL (Specify) removal 5/7/51 Silver Run Silver Run, Alabama				
L ral	VS 150	Ambrel, Inc. 1217 St. Paul Street 93			

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH





VS 150

2601-3+5 E. Madison St.

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY'

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS

23c. DATE SIGNED

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 Registered No. 4110

1.	NAME OF DE	CEASED Marga	ret Monfa	lcone		2. DATE OF DEATH	5/4/51
Α.		ity, Maryland 26	41 E. Mad	ison St.	4. USUAL RESIDENCE A. STATE		l. If institution: residence before admission
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospite	al or institution.	give street address o location	c. CITY OR TOWN		imits, write RURAL and giv township
0					D. STREET ADDRESS		
c.	Length of st	ay in Baltimore	life	Yrs. Mos. Days	261.7	E. Madison S	
5.	female	6.COLOR OR RACE	7. SINGLE, M. WIDOWED,	DIVORCED (Specify	8. DATE OF BIRTH Sept. 26, 1882	9. AGE (In year last birthday)	Months Days Hours Min
1 O	A. USUAL OCC	CUPATION (Give kind of working life, even if retired)		BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S N	Louis S	Shaffer		14. MOTHER'S MAIDEN		mown
15 Yes	. WAS DECEASE , no or nnknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16	SECURITY NO.	17. INFORMANT Margaret E. Hal	1, dght, abo	ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Mys car dit inverse on the control of the contr						
CAL C	TO THE DISEASE OR CONDITION CAUSING IT.						20. AUTOPSY7
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)							
4	21d. TIME (OF INJURY	Month) (Day) (Year)	(Hour) 21E.			URY OCCUR?	
	22. I hereby	y certify that I att	ended the dec	eased from	W 20, 1950, to	4 May , 1	A that I last saw th
	22. I hereby certify that I attended the deceased from A, 1950, to 4 / 1967, that I last saw the deceased alive on \$ / 1956, and that death occurred at / 1967, from the causes and on the date stated above.						
	23A. SIGNAT	Voyel	1.	м. D.	238. ADDRESS //	inium / /	23c. DATE SIGNED
710 \	4A. BURIAL, C ON REMOVAL (S Burial	Pecify) May 7,		kwood Ceme	tery 331	O Taylor Ave	Balto Md.
	ATE RECEIVED		SSIGNATURE	iama, Mas	Schimmek Fune 2601-3-5 E. Ma	rad Home, Ir	ADDRESS
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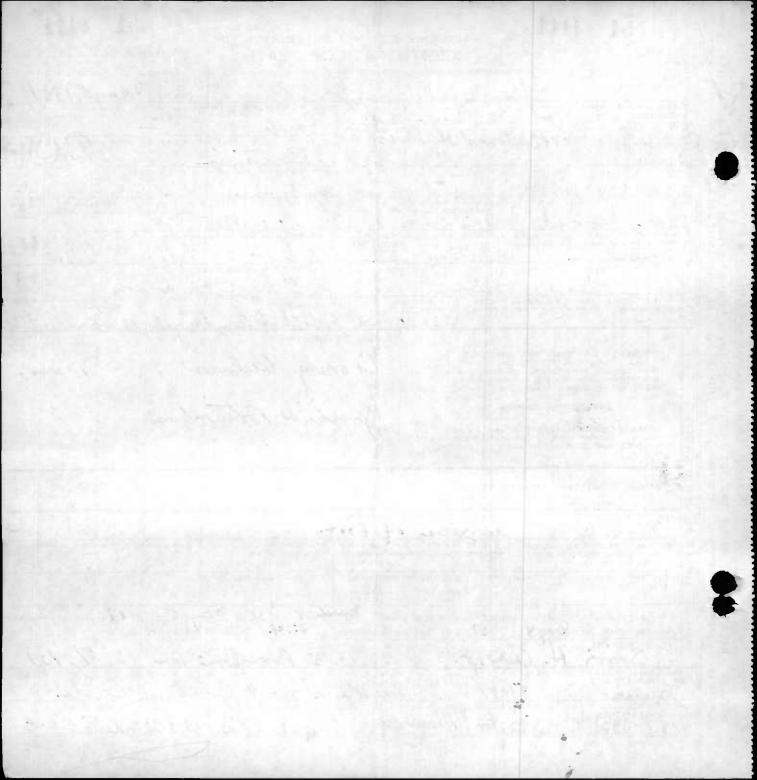
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	4111

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give treet address or 1032 David Hilling location) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF II Under 1 Year BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Vidowa 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) ANDUSTRY WHAT COUNTRY? levedo 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) SECURITY NO INTERVAL BETWEEN 18. CAUSE DEATH 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 1 RH 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY Comsten 0-4004 4 U 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID Ճ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK much W 22. I hereby certify that I attended the deceased from _, 19.37, to. . 19 4 4 that I last saw the , and that death occurred at 3:3 fm., from the causes and on the date stated above. 19.57 deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE NAME OF CEMETERY OR CREMATORY (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR

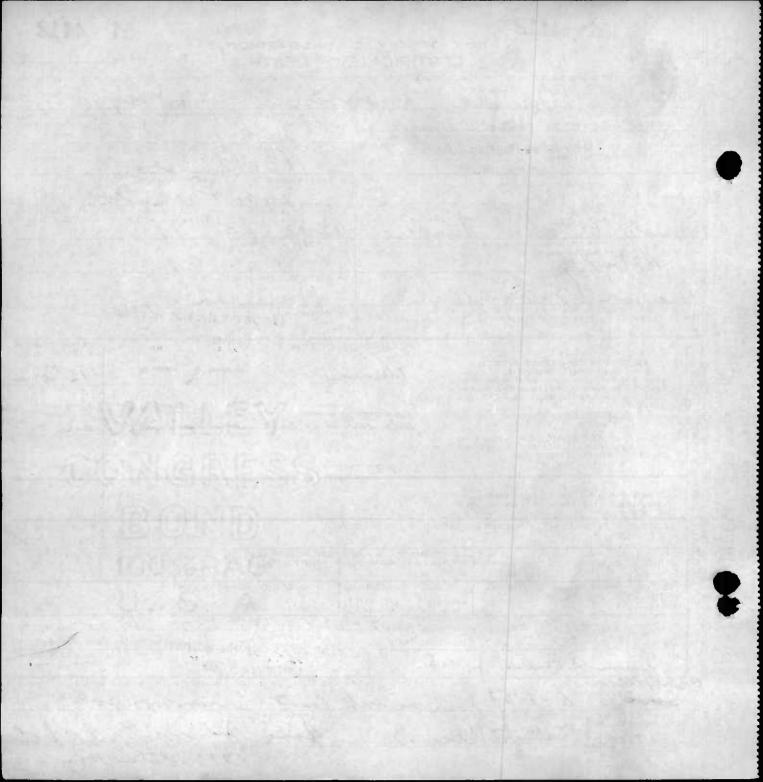
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BALTIMORE CITY HEALTH DEPARTMENT

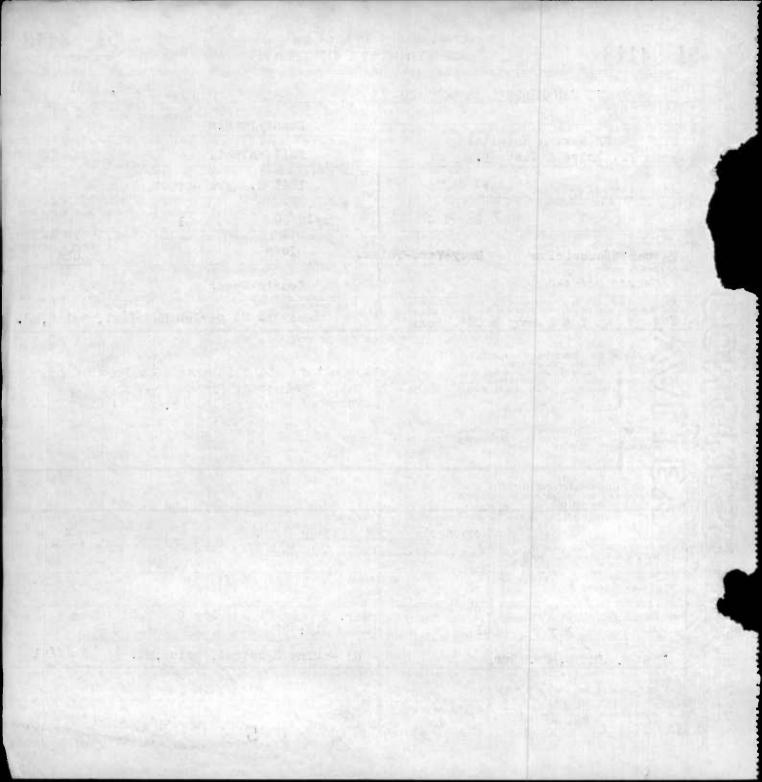
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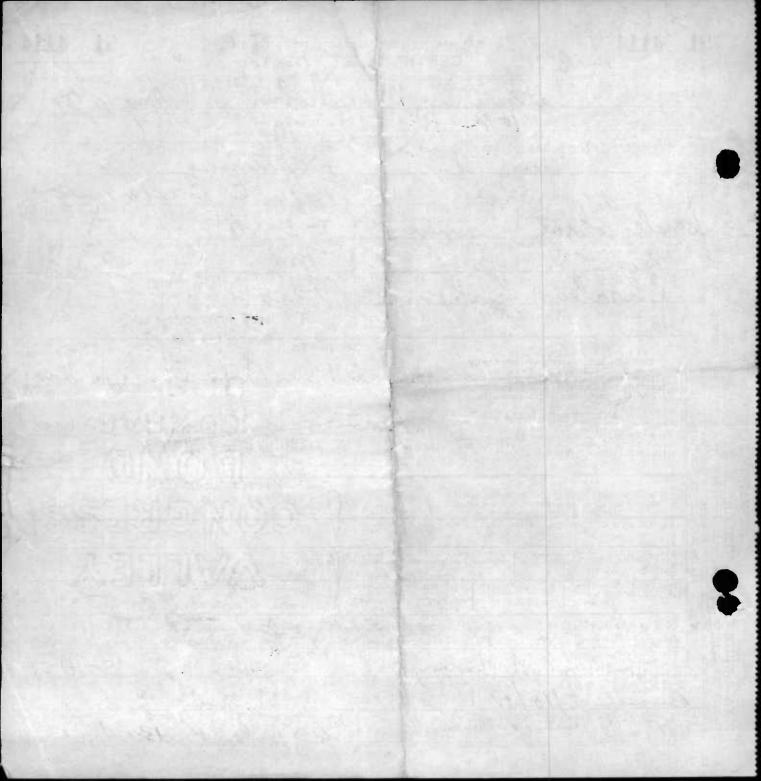
Colline	Ш	51 4112 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH RO	51 egistered No_	4112
RESERVED FOR BINDING INK. Every item of information should be car lease write the causes of death clearly and legibly.	(T) 3. A. B. B. H. M. 2 C. Wor's wor's 15. A. M. M. 2 M	FULL NAME OF (If not in hospital or institution, give street address or location) Seltimore 5, Md, Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED, SINGLE Address or location) C. CITY OR TOWN (If outside con location) D. STREET ADDRESS (If rural, give location) B. DATE OF BIRTH 9. AGE	ased lived. If insticcounty	hefore admission) ite RURAL and give township) I fear fi Under 24 House Days Hours Min.
MARGIN H PLEASE WRITE PI Correct age is especially fortant. Physicians: p	CO OF MEDICAL CERTIFICA	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (c. g., in or LYING) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR WORK AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 23A. SENATURE 23B. ADDRESS HEREBY MED.	, 19 , the part of the d	at I last saw the ate stated above.



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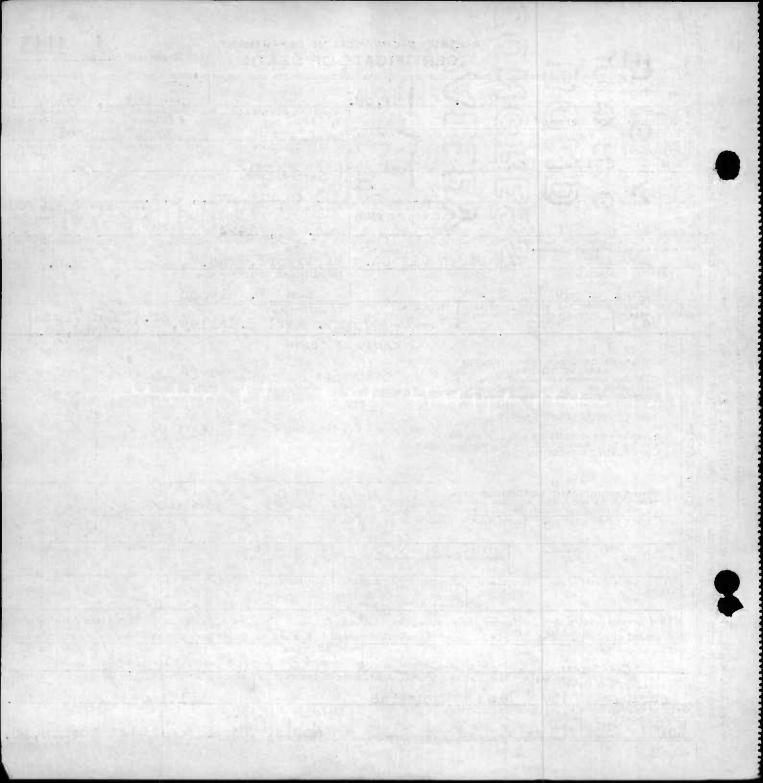
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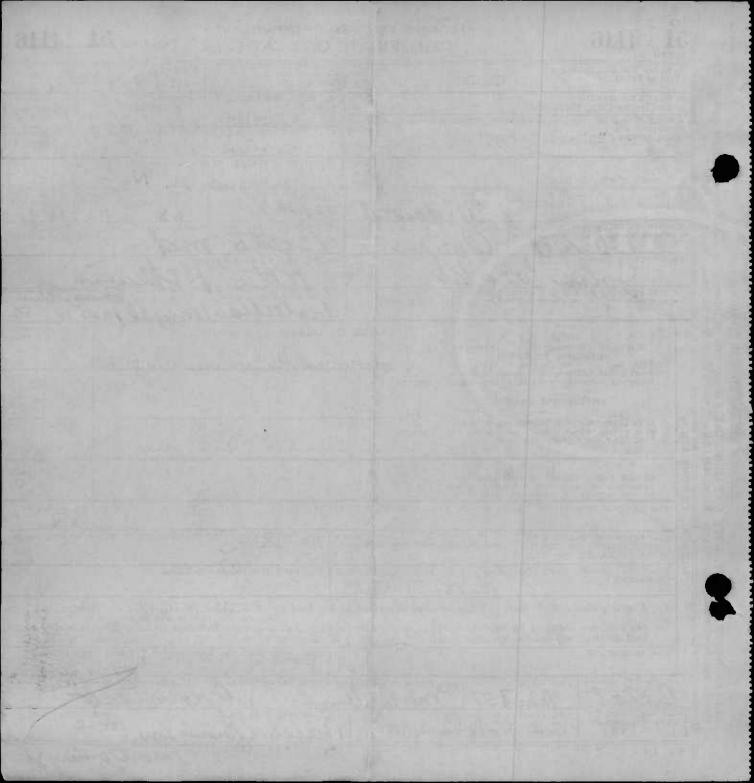




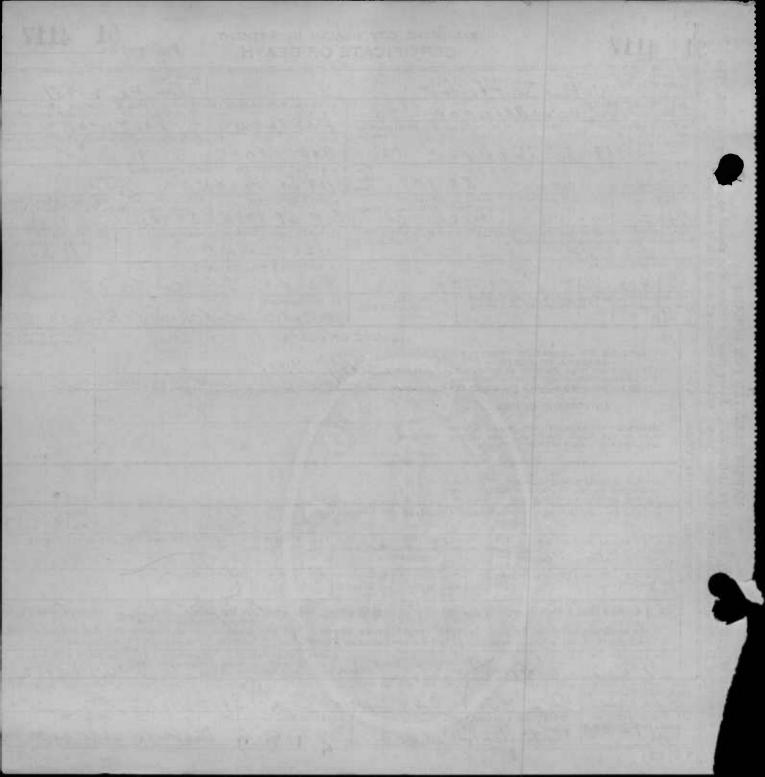
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SASE WRITE P. WITH UNFADING INK. Every item of information should be care, supplied. The rect age is especially important. Physicians: please write the causes of death clearly and legibly.	MEDICAL CERTIFICATION ST. C. ST. C. T. COZHENE P. C. D. T.	Baltimore City, Maryland A. (If not in hospital or institution, give street address or location of the property of the proper	Registered No. 2. DATE OF DEATH May 5, 1951
PLEASE WRIT	TI	23A. SIGNATURE MULTIN CONTROL OF MACA PLANTING ALEMETERY DE BURIAL MAY 8, 1951 Lorraine	23c. DATE SIGNED A DESCRIPTION (City, town, or county) (State
Н 6	1	VS 150 YS 150	45 1318





P-	1	60	BALTIMORE CITY HE	ALTH DEPARTMENT	51	4117
le .	1	ATT /	CERTIFICATE	E OF DEATH	Registered No.	A
d. The	(3	NAME OF DECEASED Type or Print) William J. P.	Heiter		OF MAN 6	1957
supplied.	B.	PLACE OF DEATH: Baltimore City, Maryland BAL7 FULL NAME OF Of not in hospital or i	institution, give street address or	A. STATE MARYLAND	B. COUNTY	tution: residence before admission
The second		OSPITAL OR NSTITUTION 119 So. Poto	MAC ST.	BALTIMORE	outside corporate limits, wr	ite RURAL and give township
ca egibly		. Length of stay in Baltimore	50 YRS. Wood Days	119 So. Poto	ural, give location) 44 C ST.	
	4	PALE WHITE	SINGLE, MARRIED, VIDOWED, DIVORCED (Specify) MARRIED	Oct. 29, 1900	9. AGE (In years last birthday) 50 YRS.	
shou learly	WOF	k done during most of working life, even if retired).	CITY	11. BIRTHPLACE (State or for MARYLAN I		CITIZEN OF WHAT COUNTRY V. S. A.
IDING information should be of death clearly and l	13	Christian Prei	FER	Del NA Sc	HICHTAN	7-
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR. 10. no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	FCR 1195.Pot	ESS
FOR y item		DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A)	of DEATH		INTERVAL BETWEEN
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MARGIN F UNFADING Physicians: p	ERTIFI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU:	RELATED			······
ht .	IL CI		IAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
, WITH portant.	EDIC/	21a. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH.	B. PLACE OF INJURY (e. g., in it bome, farm, factory, street, office bldg., et		in Baltimore City, give	exact location)
	Σ	21D. TIME (Month) (Day) (Year) (House OF INJURY	r) 21E. INJURY OCCURRE m. WHILE AT NOT WHILE T NOT WHILE	21F. HOW DID INJURY	OCCUR?	
CLASE WRITE		22. I certify that I took charge o the evidence obtained by said and death in my opinion resu	Autopsy, Inspection or I:	nquiry, find that said dec X, accident [], suicide [céascd died on the de □, homicide □, under	termined [].
E WR		23A, SIGNATURE Voors		238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER	61957
rrect	TI	AA. BURIAL, CREMA- ON, REMOVAL (Specify) BURIAL MAY 9, 195	1 OAK LAW	N. CEM. BAL	TIMORE M	d.
00	200	ATE RECEIVED BY REGISTRAR'S SIG	Williams	25. FUNERAL DIRECTOR BCRMARD A. 1		E. BALTO. S
	V	S 151	39093	N I U I	124	BV



UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, design nate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BALTIMORE CITY HEALTH DEPARTMENT

4119

BI	RTH NO.	U		CERTIFICATI	E OF DEATH	registered .	
	NAME OF D 'ype or Print)		• Annie	F. Warner		2. DATE OF DEATH May	5, 1951
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE	B. COUNTY	institution: residence before admission)
8. H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		ion, give street address or location)	Maryland c. CITY OR TOWN Baltimor	(If outside corperate limi	ts Orie RURAL and give township)
C.	Length of s	tay in Baltimore	70 v	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) ers Street	
5.	sex Female	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 28, 1870	9. AGE (In years)	if Under Year Under 24 Hours on the Days Hours Min.
1 C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)			11. BIRTHPLACE (State or Maryland		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	3020		14. MOTHER'S MAIDEN	NAME	
-	George W				Rachel	. We the ma We	
(Ye	NO OF UNKNOWN)	ED EVER IN U.S. ARMEE (If yos, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Lillian Go		E. 20th Stree
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (A) (B) (B) (B) (C) (C)							en
CE	TRIBUTIN	SIGNIFICANT COND. G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED .			
1	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., i		(If in Baltimore City,	YES NO Sive exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	11000	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
		ny certify that I att	—	and that death occur	rred at 12 -H.m., from		that I last saw the the date stated above.
1	Then	or Ella	relee	M. D.	2900 Mane	ea shed	3/5/51
71	4A. BURIAL, ON REMOVAL (S Burial			NAME OF CEMETE		LOCATION (City, town	
D	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR	R	ADDRESS
-	VS 150	130000000	-	a may i	Burgee Fureral	Home 3631	Falls Road
		** *	440 P 4" Box		Horace 4.1	morpe	930

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Ur. Forsley >900 Alameda

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WRITE P. LY	ılly
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VRI	N.
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B	16	,53				4 4400
The	1	4120 RTH NO.	CERTIFICAT	E OF DEATH	Registered No	1 4120
		NAME OF DECEASED WILLIAM	M H. BRU.	NDIGE	2. DATE OF 3-	6-1951
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or i	nstitution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
Ily		DISPITAL OR STITUTION 23 5.	Palhoun St	BALTIMOVE	outside corporate limite,	write HURAL and give township)
e call		Length of stay in Baltimore	Yrs. Mos. Days	23 S. CALHO	rural, give location)	
should be	1	MALE WHITE M	INGLE, MARRIED, VIDOWED, DIVORCED (Specify)	JULY - 14-1869	9. AGE (In years last birthday) Mon	ths Days Hours Min.
on shou clearly	S/		. KIND OF BUSINESS OR INDUSTRY	WASHING TON		2. CITIZEN OF WHAT COUNTRY
NDING information of death cle	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	4 50
R BINDING em of inform causes of dea	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FOR s, no or unknown) (if yes, give war or dates of ser	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT MRS. MARY E. D.	9VIS- 2808 1	Belmont Ave
RESERVED FO INK. Every ite	FICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ng, e.g., (A) (A) e disease, I death.) DUE TO C	which Orter	peline.	ONSET AND DEATH
MARGIN UNFADING Physicians:	CERTIF	II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
ы.	AL		MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Y, WIT	MEDIC		B. PLACE OF INJURY (e. g., i t home, farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
I		21D. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
RITE Fis especial		22. I hereby certify that I attended deceased alive on 4-14-119	, and that death occur	rred atm., from the case.	he causes and on the	that I last saw the e date stated above. 23c. DATE SIGNED
E W		4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify) 5-9-5/	24C. NAME OF CEMETE LOVOON PARK		OCATION (City, town, o	PAITA
PLEAS correct	D		SNATURE CONTRACTOR	25. FUNERAL DIRECTOR THOMAS J. Kenl	PREderick NY-INC. 1600	Hollins Si
		VS 150			9	93)



4121

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE 51

Cala	1 4121				
short ent	CERTIFICATE OF DEATH				
item S sho ement	1. PLACE OF DEATH	, 6 A	Registered No		
IAN	CITY OF BALTIMORE: (No / L. C. Clallal St., Ward) a hospital				
Sic	Length of residence in city or town where death	occurredyrs	mosds. How long in WS. If of foreign birth?yrsm	osds.	
SHA	2. FULL NAME / Lenny H. E. Deorga. St.				
ed. Co	(a) Residence: No. 19210	Tuken	St., / Ward.		
T RECTLY.	(Úsuai piace of		(If non-resident give city or town and	I State)	
te sa Si	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH		
EX PE	3. SEX 4. Color or Race 5. Single or Divorce	Married, Widowcd, d (write the word)	21. DATE OF DEATH (month, day, year) 3-4- 22. I HEREBY CERTIFY, That I attended decease	, 195/	
REMANATED E	5a. If married, widowed or divorced	The tower	3-1 197/ to 5-4	190	
10 0	HUSBAND of Manaix Lange		I iast saw h/M alive on // 30 P/M, 195/ Death is said		
A P be s be kick	10 7000 10 1878		to have occurred on the date stated above, at		
IS may	6. DATE OF BIRTH (morth, day, year)	If LESS than	The principal cause of death and related causes of importance were as follows:		
S los	72	1 day,hrs.	D. D.	ate of onset	
E slhat tion	8. Trade, profession, or particular	ormin.	nutral regurgilation :	3 ugs.	
Le to	kind of work done, as spinner, sawyer, bookkeeper, etc.	id			
N.K.	9. Industry or business in which work was done, as silk mili,	en . Pen			
VG I olied. erms	saw mill, bank, etc. 11. Tot	al time (years)			
E 5 - 02	this occupation (month and	pent in this ccupation	Other contributory causes of importance:		
Sup sup ain t	12. BIRTHPLACE (city or town). Dealter	more	missing line of	20-	
NE ph	(State or country)	md	Joy Williams	2007	
H Unin H	# 13. NAME DEATH DIA	ye.			
car imi	14. BIRTHPLACE (city or town)		Name of operation		
W be	(State or country)		What test confirmed diagnosis?Was there an autopsy 23. If death was due to external causes (violence) fili in also		
ould,	15. MAIDEN NAME	L	lowing: Accident, suicide, or homicide?Date of injury	, 19	
OE Sh	State or country)		Where did injury occur?(Specify city or town, county, and	d State)	
TTI TTI	men Edward	Ports	Specify whether injury occurred in industry, in home, or	in public	
PAAA	17. INFORMANT		place		
WRIT inform state OCCU	10 PUDIAL OPPRIATION OF DEMOVAL OF A TANK A		Manner of injury		
info stat OCC	Piace (Daye S	5/7 1057	Nature of injury		
B.	10 UNDERTAKED Allando The	renal Hon	24. Was disease or injury in any way related to occupation of	deceased?	
ż o	19. UNDERTAKER (Address) 2.00 (Address)	M	If so, specify		
(n)	20 PIPED 1953 HT At to NULL	and Mill	(Signed) A drug Mule	M. D.	
>	MAY 1 1991	Registrar.	(Address) 47 10 Startion 10	<u></u>	
	₩.	763	92 923 17	1	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.

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Examples:

Example II Example I The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis 1 week ago 1921 Chronic interstitial nephritis Run over by street car 3 days ago Cerebral hemorrhage July 5, 1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance: May 1, 1923 Gastroenteritis 1 wear Gallstones

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE IDA E. HORNICK (Type or Print) May 5 1951 OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits write RURAL and give c. CITY OR TOWN INSTITUTION township) 1915 E 28th St. Balto Yrs. D. STREET ADDRESS (If rural, give location) Mos. Life 1915 E. 28th St. c. Length of stay in Baltimore Days should be 5. SEX 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH Il Under 1 Year ast birthday, Months Days Hours Min. WIDOWED, DIVORCED (Specify) 12-7-1866 clearly 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF USAT COUNTRY work done during most of working life, even if retired) INDUSTRY Maryland information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Horace Beckwith Margaret Haves 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Marie Hornick 1915 E 28th St. (Yes, no or unknown) none NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Cerebras Sterans heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Maro Secroin Sty Markalon miles Reguly etalen Chrome Juleskles Rephrile, INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL mportant. done 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., otc.) INJURY OCCUR? L 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE! WORK 1957 to may 5 1951 that I last saw the Jan espec 22. I hereby certify that I attended the deceased from... 6 and from the causes and on the date stated above. may 4 1951 and that death occurred at_ deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED has & a Sterres 2818 Stargard do 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. EOCATION (City, town, or county) 24B, DATE Burial New Cathedral Balto. Md. 5-8-51 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

PLEASE

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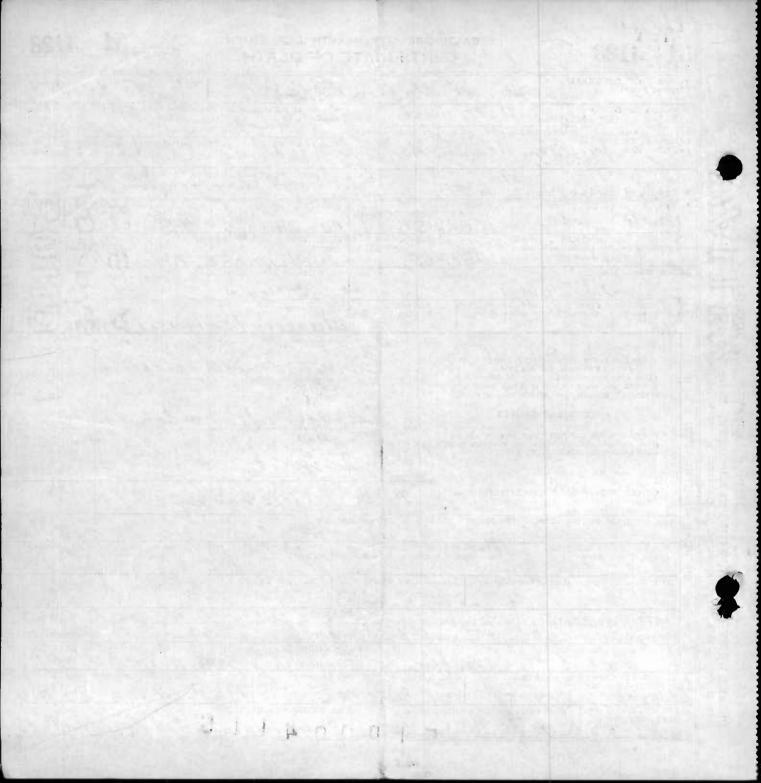
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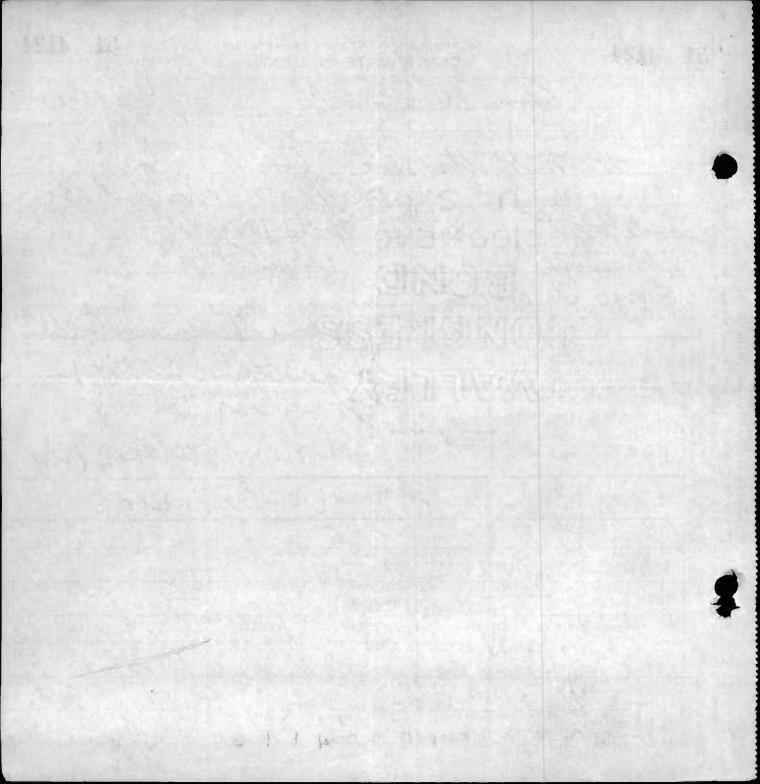
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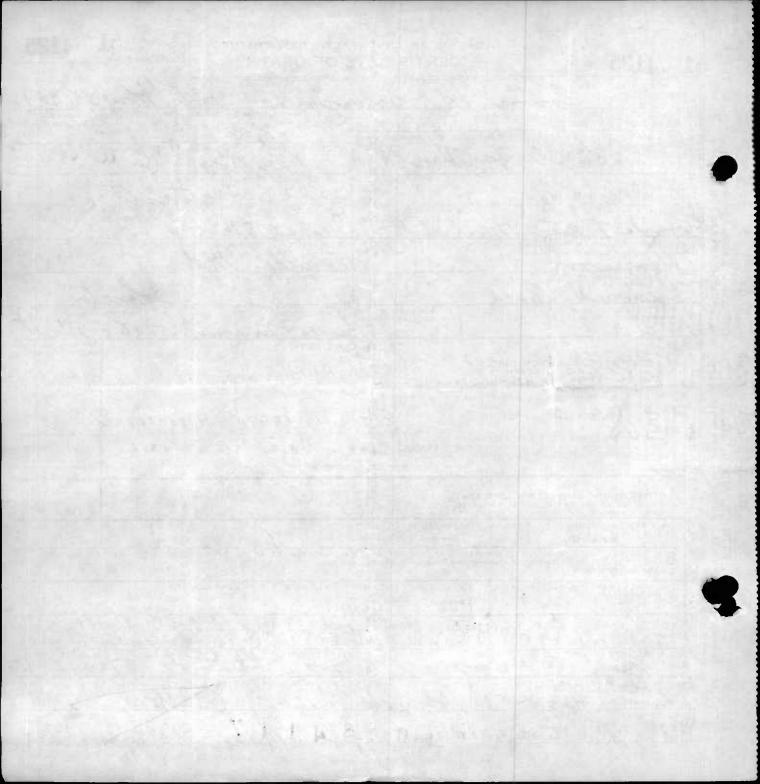
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0#	400				
The		ATE OF DEATH Registered No. 4123			
. (1. NAME OF DECEASED Cole, William	2. DATE 0F 0F 6. 1957			
d d	a. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission.			
, -	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR JUNE HO	ion) C. CITY OR TOWN (If outside corporate in its, write RURAL and give			
legibl	Y IL CALLED W. / I PE M	rs. D. STREET ADDRESS (If rural, give location) los. 1047 W. Lexington 14.			
and bi	may color or RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (In years of Under I Year Mours Instricted as birthday) Aug. 19. 1907 49 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
information should so of death clearly	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) LABORER LABORER				
matic	UNTNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN			
infor so of c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY No.	17. INFORMANT / ADDRESS			
ause		SE OF DEATH			
Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
-	ANTECEDENT CAUSES Cardiae de compensat.				
UNFADING INK. Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
ADIN cians	(c)	a mise			
UNE/ Physic		ay ferrosceroris			
H 1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	YES NO			
Y, WITH important.	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e about home, (arm, factory, street, office beat about home).	a. g., in or oldge, etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
Ily	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY m. WHILE AT NOT W WORK AT WO	HILE ORK			
RITE Fisherial	22. I hereby certify that I attended the deceased from 5. 5. 19 7, to 5-6, 19 7, that I last saw the deceased alive on 5. 6, 19 17, and that death occurred at 15. m., from the causes and on the date stated above.				
	23A. SIGNATURE 9. Chombar M.D.	FRANKLIN SQUARE HOSPIFA 5/0			
ASE et ag	TION, REMOVAL (Specify)	EVENU BALTIMORE 30. MD			
PLEASE W	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS WM. AD JACKSON 916 PENINA. AUE.			
=	VS 150	066			





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5			EALTH DEPARTMENT	51 Registered No.—	4125
The	11RTH 16125	CERTIFICAT	E OF DEATH	Registered No.	
	1. NAME OF DECEASED (Type or Print)	ma In Some		2. DATE OF May C	5-1951
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	de la	4. USUAL RESIDENCE (W		ution: residence before admission)
dns	B. FULL NAME OF (If not in	hospital or institution, give street address of	or Ma.		
car egilon.	INSTITUTION 2522	Jayeth St.	Balto	outside corporate limits, with	township)
	c. Length of stay in Baltimo	Yrs. Mos. Days	19529 F In	wette .	
IDING information should be of death clearly and l	5. SEX 6. COLOR OR R		8. DATE OF BIRTH	9. AGE (In years last birthday) Months	Year If Under 24 Hours Days Hours Min.
houl	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR		11. BIRTHPLACE (State or to		ITIZEN OF
on shou clearly	work done during most of working life, even if retired) INDUSTI		Balto. M	ld.	VHAT COUNTRY?
NG rmatic death	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	+
DIN nfor	15. WAS DECEASED EVER IN U. 5. (Yee, no or unknown) (If yes, give war		17. INFORMANT	ADDRE	ss . Al
BINDIN of infor	(2.00, no of anatown)	or dates of service) SECURITY NO.	James 7. Smrci	ma 2522 E. Fa	The same of the sa
R em	18. 420./		OF DEATH		MERVAL BETWEEN
五 2	DISEASE OR CONDIT LEADING TO (This does not mean the n	DEATH node of dying, e.g., (A)	RONARY Occi	-US10N	INSTANT
Ever write	heart failure, asthenia, etc. injury or complication wh	It means the disease, nich caused death.) DUE TO			
K. J. Se w	ANTECEDENT CAUSES ARTERIOSCLEROTIC, HYPERTENSIVE				
RESERVED INK. Ever	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CARDIO- VASGULAR DISEASE				
, U.	UNDERLYING CONDITION	ON LAST. (C)			***************************************
C. A. D	OTHER SIGNIFICANT C				
MAR(UNFAL Physicia	OTHER SIGNIFICANT C TRIBUTING TO THE DEATH, TO THE DISEASE OF COND	BUT NOT RELATED			
₩.	19A. DATE OF OPERATION		RATION		20. AUTOPSY?
Z, WITH	21A. ACCIDENT WAS UND			' in Baltimore City, give e	xact location)
, i por	CAUSE OF DEATH				
	OF INJURY (Month) (Day)	WHILE AT NOT WHILE	E [/	OCCUR?	
cia	22 I house he could that	m. WORK AT WORK	41	may 5 1951 the	at I last same the
E I	deceased alive on 1951, and that death occurred at 3:15 min, from the causes and on the date stated above.				
VRI	23A. SIGNATURA	apenga	238, ADDRESS & Clest	15 15 M	C. DATE SIGNED
age	24A. BIRNAL CHEMA 24B. D.	M. D. ATE 24c. NAME OF CEMET	ERY OR OREMATORY 240. LC	CATION (City, town, or co	unt/) (State)
PLEASE WRITE P	Burial May	8-51 Holy Rede	ener 6em (Ballo.	Md.
PL	DATE RECEIVED BY REGIST LOCAL REGISTRAR	TRAN'S SIGNATURE	26. FUNERAL DIRECTOR	2334 18/18	ORESS
	VS 150		James Jipun	- John	0 - 5
		120	DE H		930



Dr Ew
1. NAME OF (Type or Print)
3. PLACE OF A. Baltimore B. FULL NAME HOSPITAL OR
INSTITUTION
c. Length of 5. sex female
10A. USUAL O work done during mos at h 13. FATHER'S

VS 150

ald

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. DECEASED 2. DATE Sophia Dressel May 5, 1951 DEATH DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland location (If outside corporate limits, write RURAL and give C. CITY OR TOWN 3105 Clearview Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3105 Clearview Avenue stav in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. white widowed Aug. 10, 1876 CCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF tnf wnrking life, even if retired) INDUSTRY WHAT COUNTRY? Germany ome NAME 14. MOTHER'S MAIDEN NAME Christine Sinsz Nicholas Phillippi 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war nr dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mr. Leonard Dressel, 3105 Clearview 331X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES **FICATION** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby eartify that I attended the deceased from , 195 | that I last saw the deceased alive on 5 - 4 195 . and that death occurred the m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Lobdon Park Baltimore, Maryland Burial DATE RECEIVED BY REGISTRAR'S SIDNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Ruck, 5305 Harford Road. Leonard

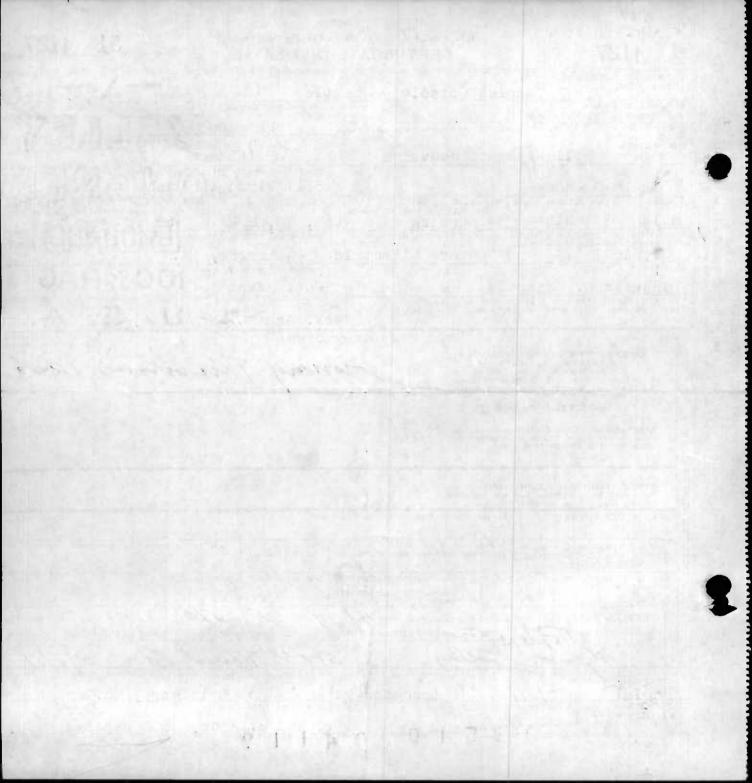
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than the Law Louis 1921 Course I town and I have a light of the Course I town and the Co	012:	

	637 Golle; 51 4127
	(Type or Print)
	A. Baltimore City, Man
l	B. FULL NAME OF (If

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4127

1. NAME O (Type or Pri	F DECEASED	2 0				2. DATE OF			
3. PLACE O	Char	les G	ottlieb Sche			DEATH	May		951
	re City, Maryland			A. STATE	IDENCE (W	here deccased live B. COUNTY	d, If instit Y	before a	idence dmission)
B. FULL NA	ME OF (If not in hospit	al or institut	tion, give street address or location)		arylan			1	
INSTITUTIO	N	andle I		c. CITY OR TOV		outside corporate l	inste, wri	LYRITRAL	and give
00	5311 Plym	louth I			altimo				
	of stay in Baltimore	Seal.	Yrs. Mos. Days	5311 P	lymout	rural, give location h Road)		
5. SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIR	RTH	9. AGE (In year last birthday)	Months:	Year Hou	nder 24 Hours
male	white	ma:	rried	Oct. 10,		52			
10A. USUAL work done during	OCCUPATION (Give kind of most of working life, even if retired)		of Business or INDUSTRY ern Eliectri	11. BIRTHPLACE	E (State or fo			WHAT CO	OF DUNTRY 7
13. FATHER	'S NAME		ELCC. APP (M)	14. MOTHER'S				-	
Charl	Les G. Schert	le		Narie N	Yahn				
15. WAS DEC	EASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT			ADDRE	cc	
(Yee, no or unkn	own) (If yes, give war or date	n of service)	SECURITY NO.	Mrs. Anna		chertle			mouth
18. 4	6201		CALICE			0.1.0.1.0.1.0,		NTERVAL	
/	120.1		CAUSE	OF DEATH				NSET AN	
DIS	LEADING TO DEAT	DIRECTLY		Dec 30 99		0	12		0
(This	LEADING TO DEAT	f dying, e.	8., (A)	oncery	12	more	Cer	1 les	COM
injury	failure, asthenia, etc. It mea or complication which c	aused dcath	se,		/				(
	ANTECEDENT CAUS								
7	ANTECEDENT CAUS	ES	(8)						
O DISEA	ASES OR CONDITIONS, I	ANY, GIVI	1G	• • • • • • • • • • • • • • • • • • • •	******************	*******************************			
DISEA RISE T	TO THE ABOVE CAUSE (A)	STATING TH	HE OUE TO						
U			(C)	••••••	•••••	***************************************		•••••	
OTHE									
	R SIGNIFICANT CONDI					-			
U TO TH	TING TO THE DEATH, BUT IE DISEASE OR CONDITION	T							
19A. DAT	TE OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION				20. AUT	OPSY?
A								YES .	NO .
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, g chout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							ty, give e	xact locat	ion)
LYING OR CONTRIBUTING CAUSE OF DEATH LYING OR CONTRIBUTING COUR, farm, factory, street, office bldgetc.) LYING OR CONTRIBUTING CAUSE OF DEATH									
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?									
OF INJU	OF INJURY WHILE AT NOT WHILE								
	m. WORK AT WORK								
	22. I hereby certify that I attended the deceased from 4/29, 1937, to 5/6, 1937, that I last saw the								
	d alive on 77	1957	and that death occur	red at1	m., from th	re causes and o	n the da	te statee	d above.
23A. SIG	NATURE //3/10/	3B. ADDRESS	11	2 1 00	230	DATE !	SIGNED		
	148-21.	Jole	M. O. I	5/03	Harle	ig od	15	-171	5-1
24A. BURIA TION, REMOVA	L. CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATOR	RY 246. LC	CATION (City, to	own, or con	unity)	(State)
Buris	/	51	Lorraine P	ark	Ro	ltimore,	Md.		
DATE RECE	IVED BY REGISTRAR	SIGNATI		25. FUNERAL D	IRECTOR	TOTHOTO,		RESS	
LOCAL BEG	SISTRAR - 1951	166.	LANGE STATE	Leonard 3	J. Ruc	k, 5305	Harfo	rd R	oad
VS 15	0		3	4	7				
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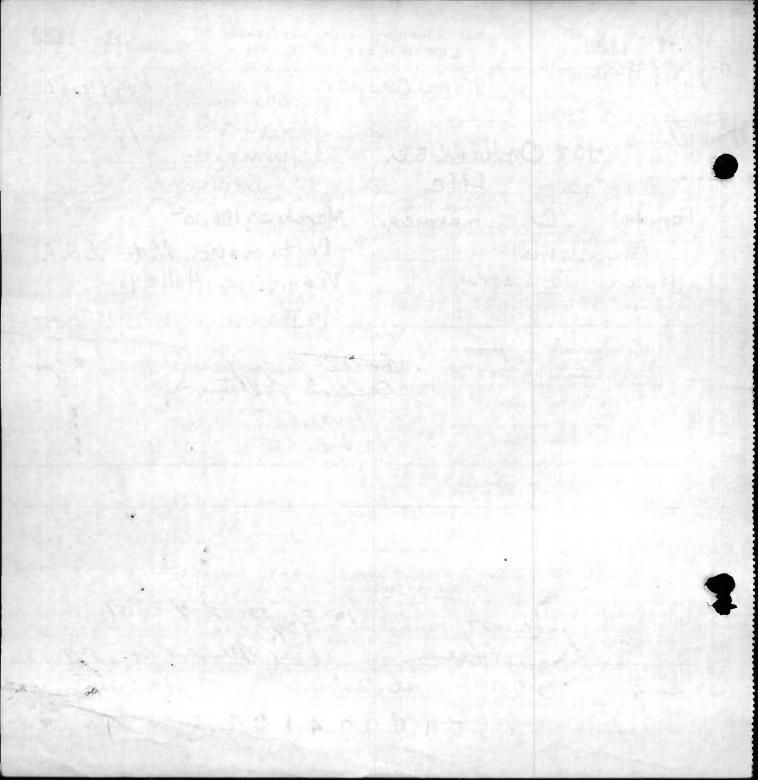
DO BALTIMORE CITY H	EALTH DEPARTMENT 51 4128						
BISTA NO. 4128 CERTIFICAT	E OF DEATH Registered No						
1. NAME OF DECEASED Levoy L. Van	diver. 2. DATE of may 4, 1951						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in titution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address o location INSTITUTION 1816 W. Fayette St.,							
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 100 9. AGE (In years H Under 1 Year H Under 24 Hours						
Male C WIDOWED, DIVORCED (Specify	October 22 19 Months Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) Andersow C. USS WHAT COUNTRY?						
13. FATHER'S NAME Wegen Vandiver.	14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	Lda Cumingham.						
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Viola Vandiver 1816 W. Fayette						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) (A) DUE TO							
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from	1 1 19 to 5 1 1 hat I last saw the						
deceased alive on 2/1/2, 19 and that death occur	rred at 30 3 m, from the causes and on the date styted above.						
	23BADDRESS GLYN CT 23C. DATE SIGNED						
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Removal (Specify) Removal (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322 A						
MAY 7 - 1951 Handing to Williams, Mar	Mis Katig B. Williams Schroder St						

15/4/20 11-1-11 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 11-12 12 Comment 12 2 Competer 1964 - - 0 2 1 A 6 0 0 1 3 0

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SE WRITE		CY,	WITH	UNFADING	INK.	ASE WRITE LY, WITH UNFADING INK. Every item of information should be callly supplied. The	Ily supplied.	The (_
age is esp	ec. all	mpo	rtant.	Physicians:	please	write the causes of death clearly and legization		-	-

_	1	60		. 1.00				
	ВІ		E OF DEATH Registered No.	4129				
		NAME OF DECEASED Nova Coop	or. 2. DATE OF DEATH May	14,1951				
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission)				
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION		wrickURAL and give township)				
STRALY.	0	438 Orchard 6t.	D. STREET ADDRESS (If rural, give location)					
Tale In		Length of stay in Baltimore Life Mos. Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		der I Year If Under 24 Hours				
y all	F	chale C Marnicd (Specify	March 20 1916 35 Month	hs Days Hours Min.				
Crear	work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	Battimore Ma.	CHIZEN OF				
200	1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	N.O.A.				
חם זו	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Verguica Holley.	RESS				
200	(Yes	(If yes, give war or dates of service) SECURITY NO.	Mr. Thomas Cooper. 43.					
can		373/	OF DEATH	INTERVAL BETWEEN				
רוום		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	tic Insufficery	2 yes.				
MILLE		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	lear falliene.					
200	z	ANTECEDENT CAUSES	James -	7				
pred	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	offertam.					
aiis.	FICA	(c)	y fundra					
yares	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
7	U	TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
CALLY.	DICAL	0		YES NO				
707	ш	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)						
	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE						
200		22. I hereby certify that I attended the deceased from	10.5- 1950 to 3-4- 195/	that I last saw the				
dop		deceased alive on 5-4-, 195, and that death occu	rred at / 2/m., from the causes and on the	date stated above.				
24		Ango y W Halmm M.D.	2224 Meader he.	5.7-5				
200		A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N, REMOVAL (Specify) May 8, 1951	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)				
2770		TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS 322 N				
1	N	IAY 7-1951 renting on I bleams, Mg.	Aro Late Revilliams/ Sch	roedler 18				
		VS 150						

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	SE WRITE LY, WITH UNFADING INK. Every item of information should be cally supplied. The	
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VS 150

APCIN PECFPUFI

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Sallie Fenwick (Type or Print) DEATH " 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give township) HOSPITAL OR location) C. CITY OR TOWN INSTITUTION loop Corne ove Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Widow 12 may p 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work dune during most of working life, even if retired) INDUSTRY House wif 13. FATHER'S NAME Kohert Sothoron. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war nr dates of service) SECURITY NO. 6060 CAUSE OF DEATH 18. 442 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILF AT WORK AT WORK 1949 22. I hereby certify that I attended the deceased from. deceased alive on May 1 195 23A SIGNATURE 23B. ADDRESS r aucice 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B, DATE

, and that death occurred at & from the causes and on the date stated above. 23c. DATE SIGNED

24D. LOCATION (City, town, or county) TION, REMOVAL (Specify;

DATE RECEIVED BY REGISTRAR: SIGN LOCAL REGISTRAR butter of

before admission)

If Under 1 Year

ADDRESS

12. CITIZEN OF

INTERVAL

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

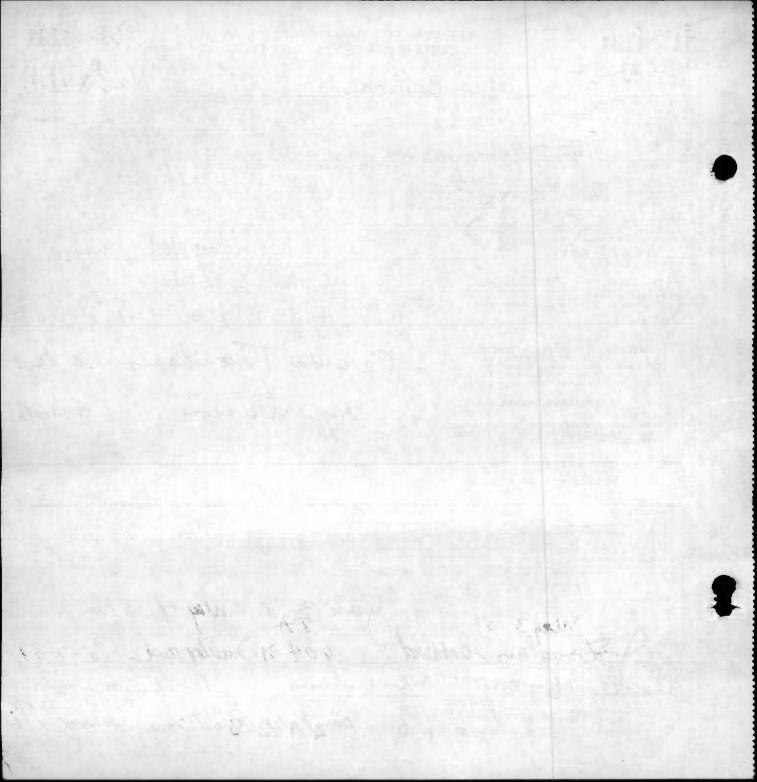
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item of information should be consistent of information should be causes of death clearly and legicity.	1. (T 3. A. B. HC 1N 5. TO	Length of stay in Balti SEX 6. COLOR OF A. USUAL OCCUPATION (a dooe during most of working life, every length of the color of the colo
PLEASE WRITE LY, WITH UNFADING INK. Every item of inform correct age is especially important. Physicians: please write the causes of dea	TIC	DISEASE OR CONDITION OF INJURY 21A. BURIAL CREMA- DISEASE OR CONDITION OF INJURY A. BURIAL CREMA- DISEASE OR CONDITION OF INJURY A. BURIAL CREMA- DISEASE OR CONDITION OF INJURY AA. BURIAL CREMA- DATE OF DEATH AA. BURIAL CREMA- DISEASE OR CONDITION OF INJURY ATERICAL CREMA- DISEASE OR CONDI

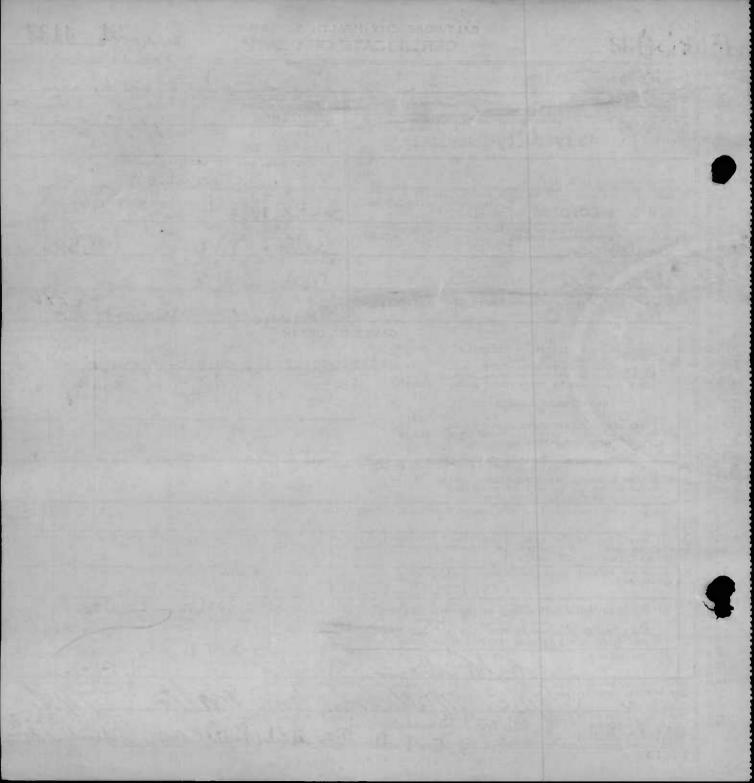
0	BALTIMORE CITY HE	EALTH DEPARTMENT	.51 4131
D.	CERTIFICATI	E OF DEATH Register	red No. 1101
	NAME OF DECEASED Nellie B. Parke	2. DATE. OF DEATH	May 3, 1957.
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased liv	
	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)	C. CITY OR TOWN (If outside corporal	Whats, with RVRAV and give
IN.	1625 W. Lexington St.	Baltimoro	d-O township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location	
	Length of stay in Baltimore Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.]	1625 W. Lexing	
	male (Specify)	8. DATE OF BIRTH 9. AGE (In year last birthday)	y) Months Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	Housewife	Baltimore, Md.	WHAT COUNTRY?
13	Abraham Brown.	Sarah Custis.	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
(You	no or unknown) (If yes, give wer or dates of service) SECURITY NO.	Hilda White. 40	1 10 . 11
	18. 332 X CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rolling Thromps	5 dans
	(This does not mean the mode of dying, e.g., (A)	100 000 000	o rago
	ANTECEDENT CAUSES	11 0 -0-	11 -10
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	Auperlenown	4 morths
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	00	
FIC	(C)		
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blowt home, farm, factory, street, office bldg		City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK AT MORK		
	22. I hereby certify that I attended the deceased from	u 3,197, to May 4,	195 , that I last saw the
	deceased alive on Way 3, 1921 and that death occur	rred at 8 7 m., from the Jauses and	on the date stated above.
	Jouglan Supperd M.O.	404 n. Jully ave	- 5-7-51
24 TIO	A. BUNIAL, CREMA- 24B. CATE 24H NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City,	town, or county) (State)
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 222 AC
	CALREGISTRAR	Mana Katio Par. 1.71.	School 1 Si
##	VS 150	The summer of the summer of	- FORMER SE
I			833



000	BALTIMORE CITY HEALTH DEPARTMENT
4132 BIRTH NO.	CERTIFICATE OF DEATH

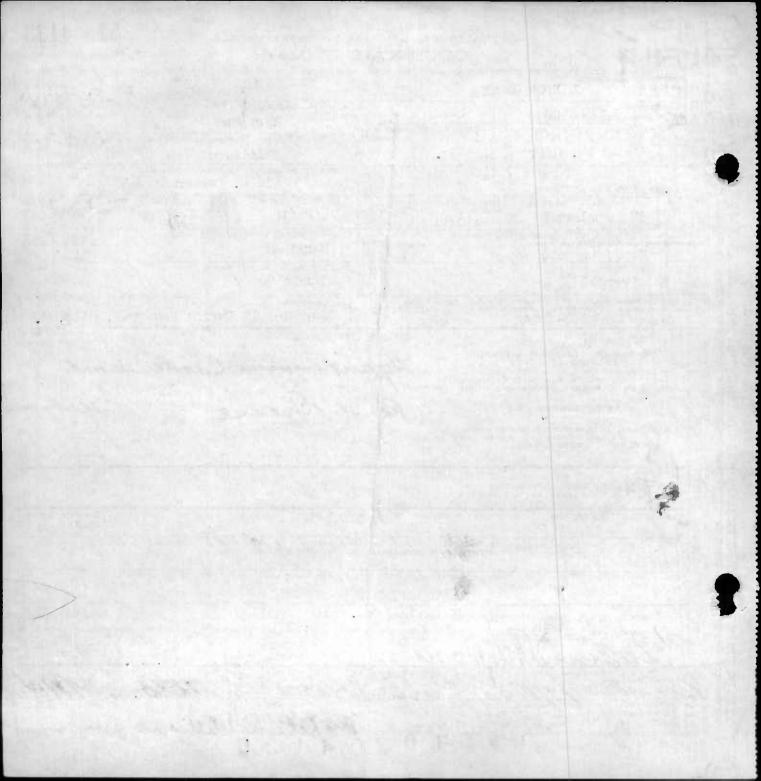
Registered \$1 4132

BII	RTH NO.							
	NAME OF DE	CEASED ADA	M	ILL		DE	of Lay	4, 1951
B. F	PLACE OF DE Baltimore C FULL NAME O SPITAL OR STITUTION	ity, Maryland		tion, give street address or location)	A. USUAL RESIDE A. STATE Maryland c. CITY OR TOWN Baltimor	(If outside	eceased lived, If	institution: residence before admission , vrive CRAL and gre township
	-			Yrs. Mos.	D. STREET ADDRE	1		
c.	Length of st	ay in Baltimore		Days	746 W. R	ledwood,	Street	
	ale	Colored	MIDON	E. MARRIED, VED, DIVORCED (Specify) Cried	Sept. 6. 18	la:	SE (In years of Most birthday) Most	under l Year
		CUPATION (Give kind of working life, even if retired)		O OF BUSINESS OR INDUSTRY	Balto +	State or foreign o	ountry)	12. CITIZEN OF WHAT COUNTRY
	adam	Lee		Blay	May S	lewis		
15 Yes	mo or unknown)	D EVER IN U.S. ARME (1f yes, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMALT	lee-	Reduce	od ST46
TIFICATION	(This does heart failu injury or DISEASES RISE TD T UNDERLY	LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAUSE (A) ING CONDITIONS, HE ABDVE CAUSE (A) ING CONDITION L	TH of diving, e. ans the disease caused death SES IF ANY, GIVII STATING TO AST.	(A)		c cardi	o-vascul	ar
CE		SEASE OR CONDITION		FINDINGS OF OPER	ATION			20. AUTOPSY?
EDICA	UNDERLYING	AL CAUSE WAS OR CONTRIB- AUSE OF DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			altimore City, g	rive exact location)
Σ	216. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MOTHER AT NOT WHILE AT WORK AT WORK							
	the evi	dence obtained by the in my opinion	said Auto	remains described a opsy, Inspection or I from: natural causes	nquiry, find that X, accident [].	Autopsy, Inspect said deceuse suicide [], he	ion or Inquiry d died on the omicide [, w	e day stated above adetermined .
21	23A. SIGNAT		RAF	islan M	D. MEDICAL INV	EDICAL EXAMI ESTIGATOR	NER	c. DATE SIGNED
DA	A. BURIAL, C N. REMOVAL (S UTUAL) TE RECEIVED CAL BEGISTE	becify) 5/8-//	15/	24c. NAME OF CEMETE M. F. CLUSTON SEE SAULE, M.S.	OR CREMATORY M. J.	93al	City, town,	ADDRESS 322
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VS	5 151			770	74			93) U



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supplied.	especies, inportant. Physicians: please write the causes of death clearly and legi-
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G		EALTH DEPARTMENT E OF DEATH Registered No	1 4133					
The	1. NAME OF DECEASED	2. DATE						
ed.	(Type or Print) CLINTON GUMBY		4, 1951					
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instinction as STATE Marvland B. COUNTY	before admission)					
y su	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR US MATTINE HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits w						
	institution yman Pk. Drive & 31st St.	Baltimore	township)					
leg.	? life Yrs. Mos. Days							
should be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Single	8. DATE OF BIRTH 14/214/18 9. AGE (In years last bit thday) 33 Months						
on shou clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Student)		CITIZEN OF WHAT COUNTRY? USA					
matic	13. FATHER'S NAME Lee Purnell	14. MOTHER'S MAIDEN NAME Cassie Gumby						
of inforuses of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give wer or dates of service) Yes WW 2- Army Yes?	17. INFORMANT ADDR Records- US Marine Hospital,						
UNFADING INK, Every item of Physicians: please write the causes	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES ODISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UMDERLYING CONDITION LAST. (C) II OTHER STATES OR CONDITIONS CONTRIBUTED TO THE DEATH, BUT NOT RELATED TO THE DEATH D	d Desert	Nechan					
Hrt .	19A. DATE OF SPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?					
Y, WITH	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.							
A.	2 1D. TIME, (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
re pespeca		erred at 10:00 m., from the causes and on the c	hat I last saw the date stated above.					
PLEASE WRITE correct age is esp	23A SIGNATURE	238. ADDRESS US Marine Hosnital Balto Md. ERY OR CREMATORY 240 LOCATION (Otherwin, or of the country)	5/4/51					
	vs 150	0 4 1 2 5	131a					

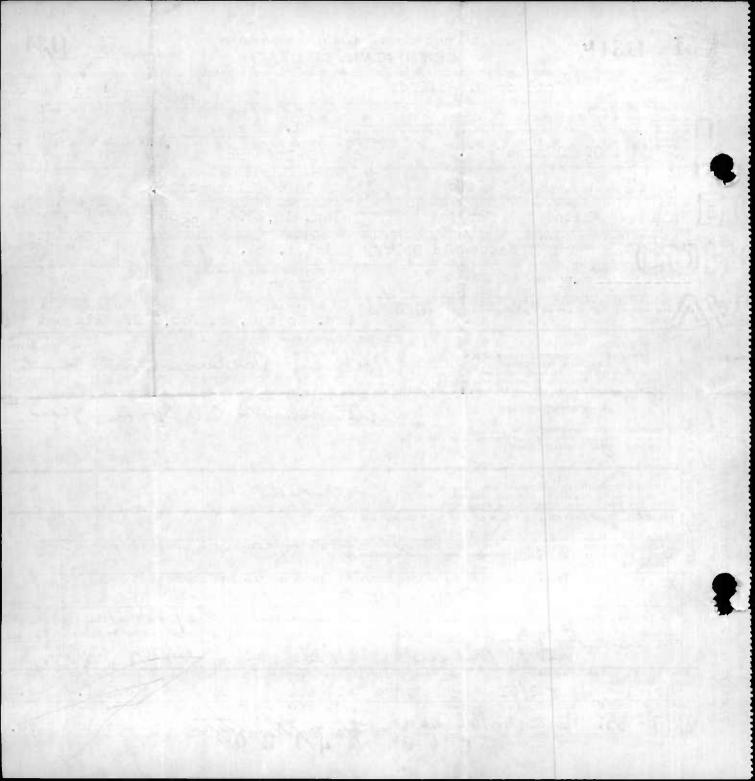


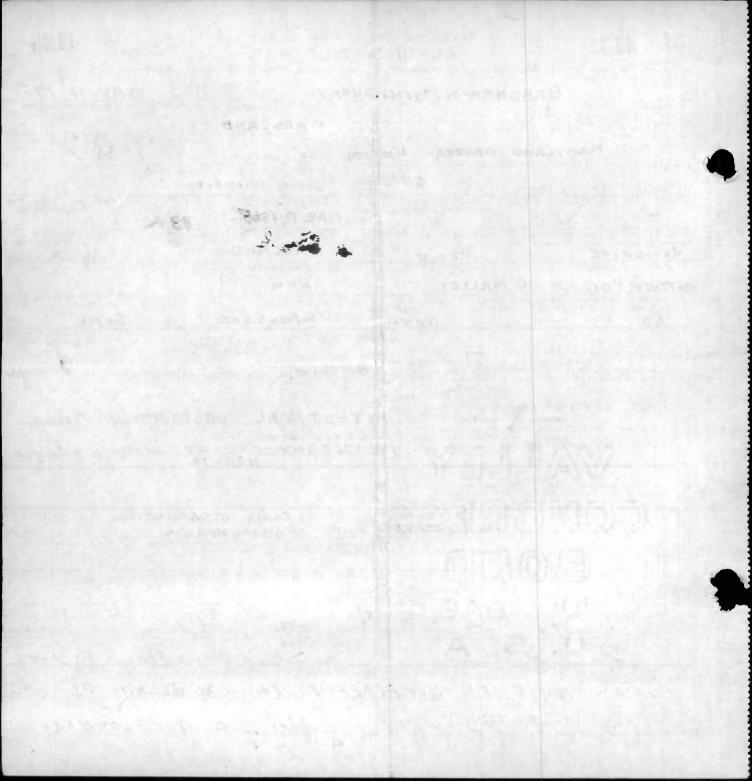
	upplied.	
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Đ.	Y, WITH UNFADING INK. Every item of information should be ca	pecially important. Physicians: please write the causes of death clearly and legiby.
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RESE	INK.	please
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	WITH	ortant.
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	PLEASE WRITE	correct a

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4134

L WANG OF SECTION	
I. NAME OF DECEASED Wallace O. Redifer (Type or Print)	2. DATE OF DEATH May 5/51
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR location) INSTITUTION 1509 Ellamont St.	
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1509 Bllamont St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIPOWED DIVORCED (Specify)	8. DATE OF BIRTH Jan • 15,1896 9. AGE (In years 1 Under 1 Year 1 Under 24 Hours 1
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work dependence most of working life even if retired) ausewald Bainbustry	11. BIRTHPLACE (State or foreign country) Balto. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAMERedifer	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	many Occlusion ocute minutes winderstie CV Driene years
OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	25.75.75
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., et	a or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY m. WHILE AT WORK AT WORK	21F, HOW DID INJURY OCCUR?
deceased alive on 1951, and that death occurr	red at 6 m., from the causes and on the date stated above. 39. ADDRESS DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify)	4335 Vach / Jufos ar 5/7/5-1
Burial May 8/51 Baltimore Na Date Received By Registrar's signature	(4.11)
MAY 1-1951 Thurtington Milliams, MA	Jarry Whickted 101 Edmondson Ave.
vs 150	930





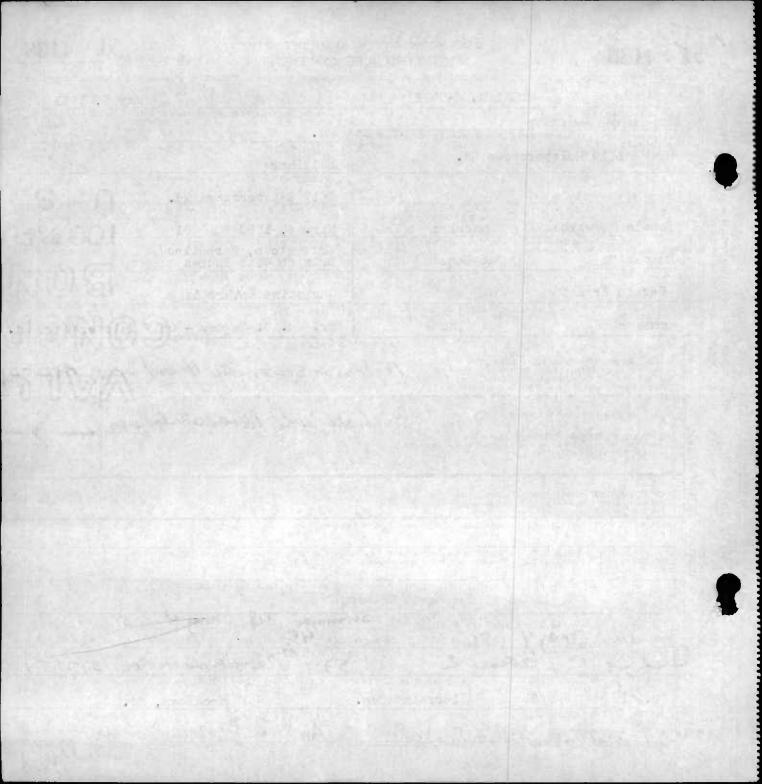
VS 150

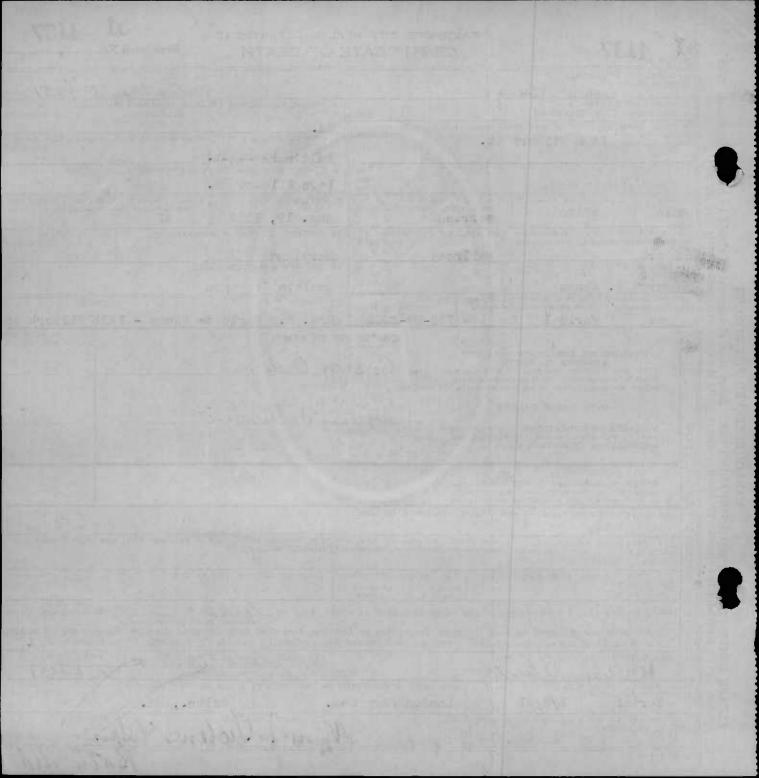
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 4136

The	BI	IRTH NO.	CERTIFICATI	E OF DEATH	registered 140		
		NAME OF DECEASED 'ype or Print) CO	RAL M. WAGNER		2. DATE OF Most I	5 1051	
supplied		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V		5, 1951 stitution: residence before admission)	
ns A	H	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION 5617 Reisters	C. CITY OR TOWN (If outside copporate limits write RURAL at town				
egant.	C.	Length of stay in Baltimore	Yrs. Mos. Days	5617 Reistersto			
and le		SEX 6.COLOR OR RACE female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 4. 1890	9. AGE (In years) Un	der I Year It Under 24 Hours hs Days Hours Min.	
on should be clearly and l	10 worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Housewife		Bridgetown, Bar British West In	oreign country)	2. CITIZEN OF WHAT COUNTRY	
tio th	13	FATHER'S NAME		14. MOTHER'S MAIDEN N.			
dea		Gerald Bryant		Christine Anthr	opis		
Every item of information vrite the causes of death cle	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NONe			17. INFORMANT Mr. Wm. W. Wagn	ADD	oress sterstown Rd.	
UNFADING INK. Ever Physicians: please write	RTIFICATION	ANTECEDENT CAUS DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	FANY, GIVING STATING THE DUE TO ST. (C)	no-Selojoti	NO Soleray		
Phy	CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1		ATION		I 20. AUTOPSY7	
WITH rtant.	AL	ISAN BATE OF GLERATION				YES NO	
, WITH	MEDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., c	2 or 21C. WHERE DID (1 tb.) INJURY OCCUR?	If in Baltimore City, giv	e exact location)	
	-	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	21F, HOW DID INJURY	Y OCCUR?		
re Prespecially		22. I hereby certify that I attended the deceased from Summer, 1948 to mey 4, 1951, that I last saw a deceased alive on may 4, 1951, and that death occurred at 4, 1951, from the causes and on the date stated about					
-		aeeeasea alive on	_, 19, and that aeath occur	Total Commentation of the control of			
WRITE ge is est		P3A. SIGNATURE	hoce M.D.	5356 Re-56	Roston Ros	date stated above 23c. DATE SIGNED	
PLEASE WRI correct age is		P3A. SIGNATURE	24c. NAME OF CEMETE Lorraine Com.	38. ADDRESS Re- 545 S 356 Re- 545 RY OR CREMATORY 24D. L		date stated above 23c. DATE SIGNED	





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

> annenco ADDRESS ONSET AND DEATH 12 days.

WHAT COUNTRY

12. CITIZEN OF

before admission)

If Under 24 Hours

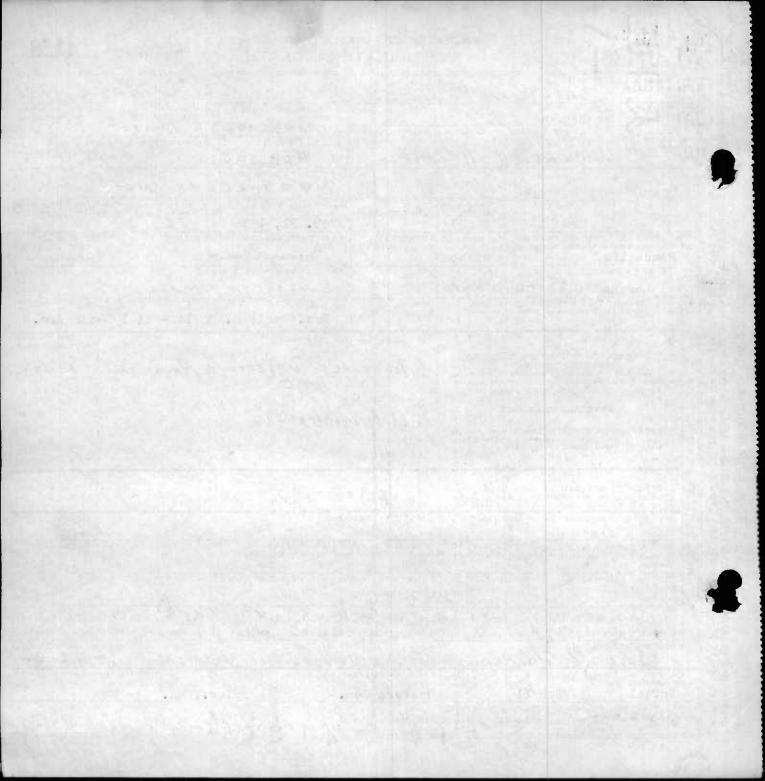
(If in Baltimore City, give exact location)

23c. DATE SIGNED

May 6-1451

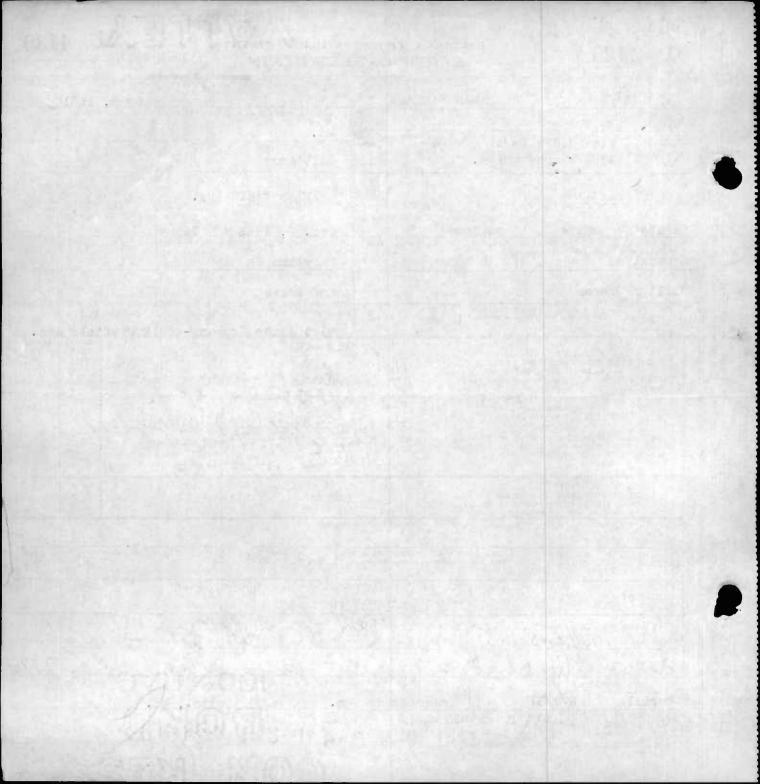
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	TH	nt.

11	635	EALTH DEPARTMENT 51 4139
The	1 3 4 7 7 0	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) AGNES GRAHAM HARTMAN	2. DATE OF DEATH May 6, 1951
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
y S	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Pine Ridge Nursing Home location INSTITUTION 4703 Hampnett Ave.	C. CITY OR TOWN (If outside corporate thats, with RERAL and give Baltimore) township
legi.	c. Length of stay in Baltimore Yrs. Days	D. STREET ADDRESS (If rural, give location) 2212 Mayfield Ave.
ould be	female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify widowed	Oct. 9, 1865 85
Every item of information should be ca write the causes of death clearly and leg	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) HOUSEWITE at home	Maryland
death	William Graham	Ann Reese
f infe	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Alice Graham - 2212 Mayfield Ave.
INK. lease	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	who has alex Brain her of the CUD - onlars host and the street of the st
UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., LYING OR CONTRIBUTING about home, farm, factory, atrect, office bldg.	YES NO
LY, WITH important.	CAUSE OF DEATH	etc.) INJURY OCCUR?
7	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR! OF INJURY m. WHILE AT NOT WHILE AT WORK	
PLEASE WRITE PI correct age is especi	22. I hereby certify that I attended the deceased from A certification of the ceased alive on the ceased from the ceas	rred at DAm., from the causes and on the date stated above
PLEASE W	24A. BURIAL, CREMA: 24B. DATE 110N, REMOVAL (Specify) Burial 5/9/51 Green Mount	Cem. Belto. Md.
PLI	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR.
	VS 150	61 Calto Md.



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BALTIMORE CITY HEALTH DEPARTMENT

	54	4140	ì
egistered	No	4140	7

4140	CERTIFICATE	OF	DE
IDTH NO	OLIVIII IO/VIL	0.	

	4140	CERTIFICATI	E OF DEATH	Registered No	11.10
BIRTH					
(Type o	ME OF DECEASED			2. DATE OF	
	ANNAMI	AUL		DEATH 3-6	
	CE OF DEATH: timore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institut B. COUNTY	ion : residence before admission)
B. FUL	L NAME OF (If not in hospital or instit	ution, give street address or	MARYLAN	_	
HOSPI'	TAL OR TUTION	location)	C. CITY OR TOWN (If o	outside corporate limits, write	RVIAL and give
2 1	BON SECOURS	HOSPITAL	BALTIMO	RE LO	(township)
0		LIFE, Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c. Len	gth of stay in Baltimore	Mos. Days	301 S. B.	AYLIS STI	REET
5. SEX		LE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years If Under I Y	ear If Under 24 Hours
F	EMALE WHITE MI	WED, DIVORCED (Specify)	1/28/92	last birthday) Months D	ays Hours Min.
10A. US	SUAL OCCUPATION (Givekindof 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or for		TIZEN OF
HOU	during most of working life, even if retired) USE WORK AT	HOME	MARYLAI	VD	HAT COUNTRY?
	THER'S NAME	HOME	14. MOTHER'S MAIDEN NA		HOLAL
A	NTHONY KNORR	7	CATHERINE		
	S DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL			
(Yes, no o	r uokoowo) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	201 C D ADDRES	S
			JOHN FAUL	JUI JI DAYL	1501.
18.	540:1	CAUSE	OF DEATH		SET AND DEATH
	DISEASE OR CONDITION DIRECTL	Υ			
	LEADING TO DEATH (This does not mean the mode of dying, e		RITONITIS		
1	heart failure, asthenia, etc. It means the dise njury or complication which caused dea	ase, th.) DUE TO			
				Petro Control	
_	ANTECEDENT CAUSES	DERFO	RATED GAST	RIC ULCER	
6 6	DISEASES OR CONDITIONS, IF ANY, GIV	ING			
F 8	RISE TO THE ABOVE CAUSE (A) STATING JNDERLYING CONDITION LAST.	THE DUE TO			
S		(C)			
<u> </u>					
	II OTHER SIGNIFICANT CONDITIONS C				
141 7	TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING				
		R FINDINGS OF OPER	ATION	1 2	O. AUTOPSY?
A	2				ES NO
<u>U</u> 21/	A. ACCIDENT WAS UNDER- 218. P	LACE OF INJURY (e. g., ie	o or 21c. WHERE DID (If	in Baltimore City, give ex-	
LY.	ING OR CONTRIBUTING about hom	e, farm, factory, street, office bldg., e	ite.) INJURY OCCUR?		
2		1 01- 11-11-04 0001100		0001103	
			ED 216 HOW DID INTHEY		
	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCURT	
		WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCURY	
22.	INJURY m.	WHILE AT NOT WHILE			I last saw the
	m. I hereby certify that I attended th	while at not while work at work e deceased from	- 5 ,1951, to	5 - 6 , 195/, that	
dec	m. I hereby certify that I attended th	while at not while at work e deceased from	- 5 ,1951, to	5 – 6 , 19 5/ , that e causes and on the dat	
dec	Indury I hereby certify that I attended the cased alive on 5-6, 1957	while at not while at work e deceased from	- 5 ,195!, to	5 – 6 , 19 5/ , that e causes and on the dat	e stated above.
23A	INJURY I hereby certify that I attended the cased alive on 5-6, 1957 SIGNATURE SURIAL, CREMA-1 24B. DATE	while at not while at work e deceased from	red at 2 m., from the 3B. ADDRESS	5 – 6 , 19 5/ , that e causes and on the dat	e stated above. DATE SIGNED -6-5/
23A	INJURY I hereby certify that I attended the cased alive on 5-6, 1957 SIGNATURE Edward M. Rel	while at not while at work e deceased from s and that death occur Lok M. D 2	red at 2 m., from the 3B. ADDRESS	5-6, 195/, that e causes and on the dat	e stated above. DATE SIGNED -6-5/
dec 23A 24A. E TION, RE	INJURY I hereby certify that I attended the cased alive on 5-6, 1957 SIGNATURE SURIAL CREMA-24B. DATE BURIAL 5-9-51 BURIAL 5-9-51	while at not while at work e deceased from s and that death occur Lok M. D 2	Tred at 3 2 m., from the 3B. ADDRESS Box Secure 3 RY OR CREMATORY 240. LO EART CEM 470	5-6, 195/, that e causes and on the dat Vogital CATION (City, town, or count OLGERMAN	DATE SIGNED -6-5/ htty) (State) ILL RD.
dec 23A 24A. E TION, RE	INJURY I hereby certify that I attended the cased alive on 5-6, 1957 SIGNATURE BURIAL CREMA- 24B. DATE BURIAL 5-9-5 RECEIVED BY REGISTRAR'S SIGNAT. REGISTRAR	while at not while at work e deceased from s and that death occur Lok M. D 2	red at 2 m., from the 3B. ADDRESS	5-6, 195/, that e causes and on the dat	DATE SIGNED -6-5/ htty) (State) ILL RD.
dec 23A 24A. E TION, RE	INJURY I hereby certify that I attended the cased alive on 5-6, 1957 S. SIGNATURE ELICATION OF A CONTROL O	while at not while at work e deceased from s and that death occur Lok M. D 2	Tred at 3 2 m., from the 3B. ADDRESS Box Secure 3 RY OR CREMATORY 240. LO EART CEM 470	5-6, 195/, that e causes and on the dat Vogital CATION (City, town, or count OLGERMAN	DATE SIGNED -6-5/ htty) (State) ILL RD.

THE REAL PROPERTY. 21716071534 PERFORATED SASTRIC DICKY 5 - 5 W 3 - 5 W Edward W. Ramak . Soil Some Mariette of the AND AND MAINTED TO THE THE THE SERVICE AT SET 4 TO CARRY TO STATES OF STREET

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TOTAL	INK.	nlease
MINISTER PRESENTED TO TO THE PRINCIPLE	Y, WITH UNFADING INK. Every item of information should be come ally supplied	Physicians:
	WITH	ortant.
	H	0

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1 4141 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) CHARLES TAYLOR May 6, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 8 COUNTY before admission) I'f not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RUBAL and give C. CITY OR TOWN INSTITUTION township St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 1314 Ashland Ave. 5. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OF RACE SINGLE, MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Colored Male ravel 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY ABORE Ungias Villa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) A6. SOCIAL INFORMANT (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive and luetic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CATION RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-

UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY WHILE AT WORK

NOT WHILE AT WORK

22. I certify that I took charge of the remains described above, held an _

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes on accident [], suicide [], homicide [], undetermined []. 23A SIGNATURE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR.

ADDRESS

Inspection & Ing. thereon and from

Autopsy, Inspection or Inquiry

151

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

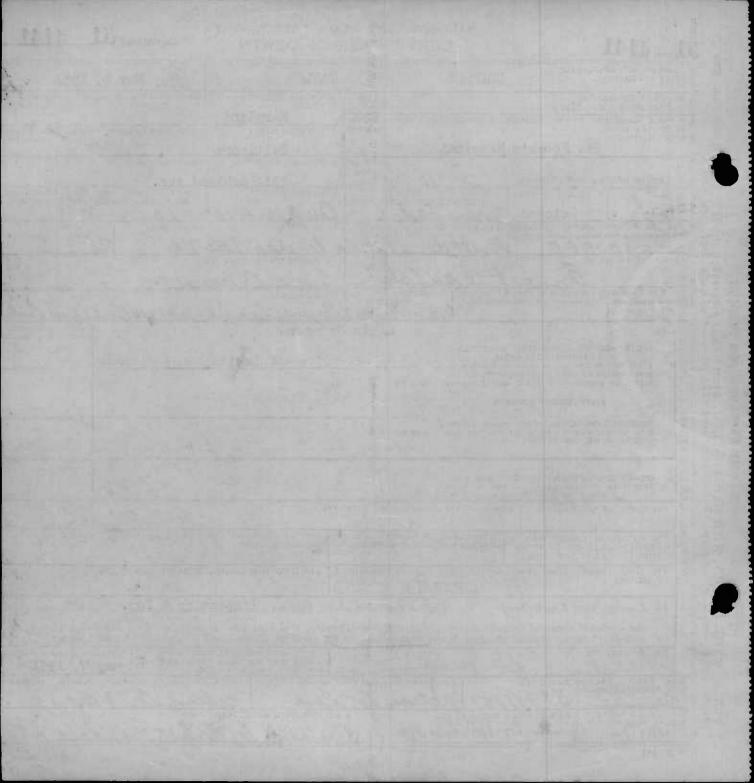
21F. HOW DID INJURY OCCUR?

238. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR ...

23c. DATE SIGNED

PLEASE WRITE correct age is esp

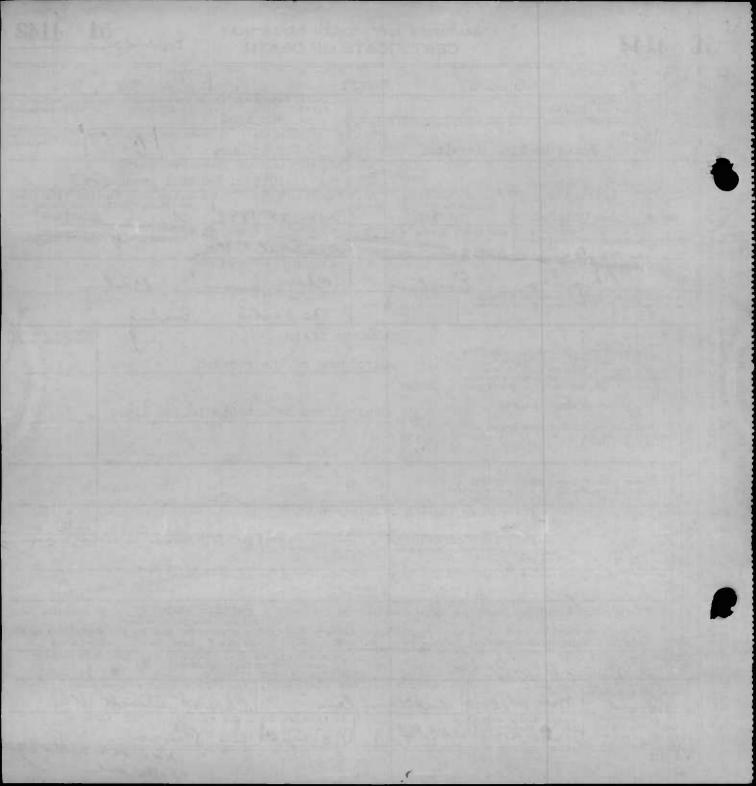


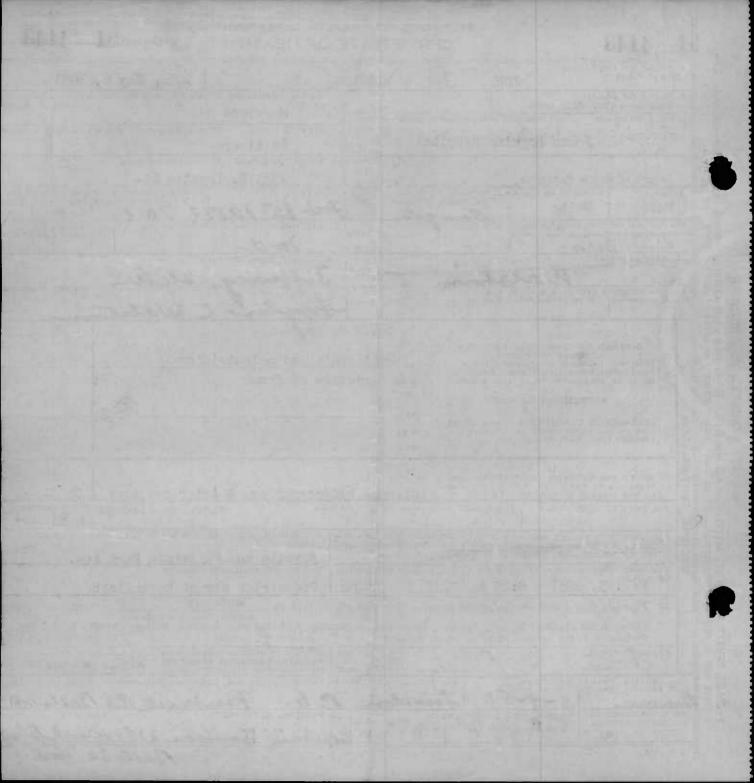
7	2	4
	A	142
BI	RTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4142 egistered No.

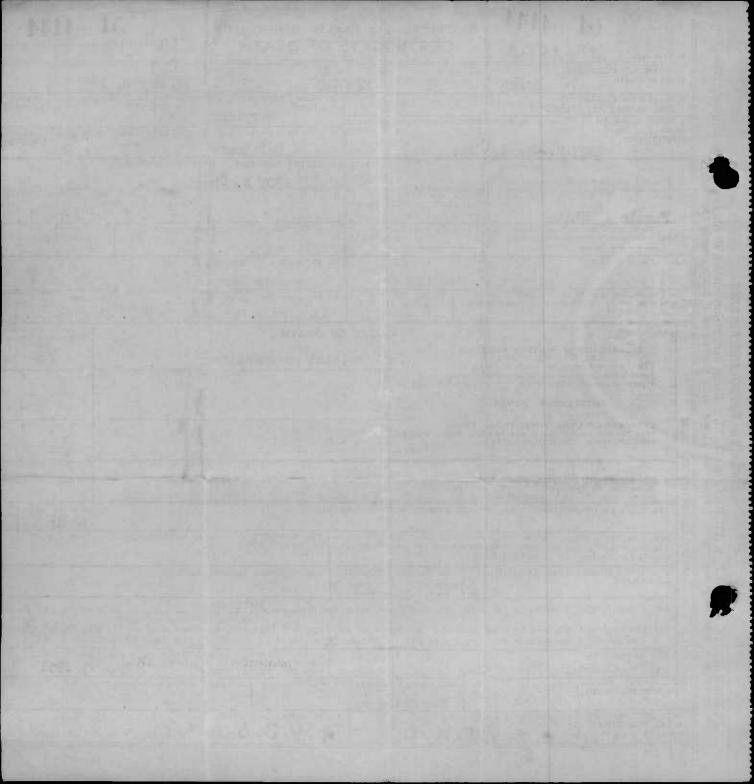
BIRTH NO.			CERTIFICAT	E OF DEATH	-1 '	kegistered No.	
1. NAME OF					2. DA		
(Type or Print)	U	HARLES	ENSLE		DE		5, 1951
Baltimore	DEATH: City, Maryland			4. USUAL RESIDE		ceased lived. If ins . COUNTY	stitution: residence before admission
B. FULL NAME	OF (If not in hospi	tal or instituti	on, give street address or				
HOSPITAL OR		* - TT	location)	C. CITY OR TOWN		corpo ate limits,	Prite RURAL and giv township
3/3	Johns Hopk	ins Hos		D. STREET ADDRE	imore	10	<u> </u>
× .11 .0			Yrs. Mos.		N. Centra		
5. SEX	stay in Baltimore	I 7. SINGLE	Days Days	8. DATE OF BIRTH		E (In years # Un	eder 1 Year If Under 24 Hours
Male	Colored		ED, DIVORCED (Specify)		last	birthday) Mont	hs Days Hours Min.
	CCUPATION (Give kind o	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign co		2. CITIZEN OF
ork done during mos	t of working life, even if retired		INDUSTRY	1 -11.1.	1 Va		WHAT COUNTRY
13. FATHER'S	NAME		CIMIT	14. MOTHER'S MA	IDEN NAME		
	Chalan	8		Dlames		n . 0	7
15. WAS DECEA	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	<u></u>	ADE	ORFIG.
Yes, no or unknown	(If yes, give war or dat	es of service)	SECURITO NO.	Treadle	ie 9	_ 0	7.0
1.0 /	-11		CALLOT				INTERVAL BETWEE
	J/X	DIDECTIV	CAUSE	OF DEATH		1	ONSET AND DEAT
	ASE OR CONDITION LEADING TO DEA	TH	Carci	inoma of the	stomach		
heart fai	es not mean the mode lure, asthenia, etc. It me	ans the disease	e, (A) e,			*******	***************************************
injury o	or complication which	caused death) XMKXX				
	ANTECEDENT CAU	SES	Gener	calized metas	tasis to	the liver	1 2 2 2 2 2
	ES OR CONDITIONS,			***************************************		.**.	****
	THE ABOVE CAUSE (A)		E DUE TO				
<u> </u>			(C)		***************************************		
	SIGNIFICANT COND	ITIONS SON					
TRIBUTI	NG TO THE DEATH, BUT	NOT RELATE	D				
A DESCRIPTION AND ADDRESS OF THE PARTY OF TH	OF OPERATION	The state of the s	FINDINGS OF OPER	RATION			20. AUTOPSY?
	OF OF EMATION						YES X NO
21A. EXTER	RNAL CAUSE WAS	218. PLA	CE OF INJURY (e. g., i			itimore City, giv	e exact location)
21A. EXTER UNDERLYI UTING	NG [] OR CONTRIB- CAUSE OF DEATH	about home, fa	rm, factory, street, office bldg.,	etc.) INJURY OCCUP	Α7		
21D. TIME	(Month) (Day) (Year		TE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCU	R?	
OF INJURY	•	W cm	HILE AT NOT WHILE				
22 I part	ifu that I took aha	ran of the	remains described of	shove held an	Partial A	utopsv	thereon and from
				A	lutopsy, Inspection	on or inquiry	
the en	vidence obtained by leath in my opinion	said Auto	psy, Inspection or I	Inquiry, find that	said deceased	died on the	day stated above
23A. SYGN		1 //	one. Maderial Carest	23B. CHIEF ME	DICAL EXAMIN	ER [] 23c.	DATE, SIGNED
101	Please 1/xx	XXXIII	M	ASSISTANT ME	DICAL EXAMIN	May	y 5, 1951
24A. BURIAL.	CREMA- 24B. DATE	0 2	4c. NAME OF CEMETE			N (City, town, or	county) (State)
TION, REMOVAL		3/51	oatchad	Cen	Church	Catuck	Va
DATE RECEIV	TDAD	S SIGNATU	RE /	25. FUNERAL DIRE	CTOR -	A	DDRESS
AV 7 _ 10	59 tuestial	For Muli	AMA ME	(1) original	L. X	uss	
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			5/02	¥	46 B	3 other m	
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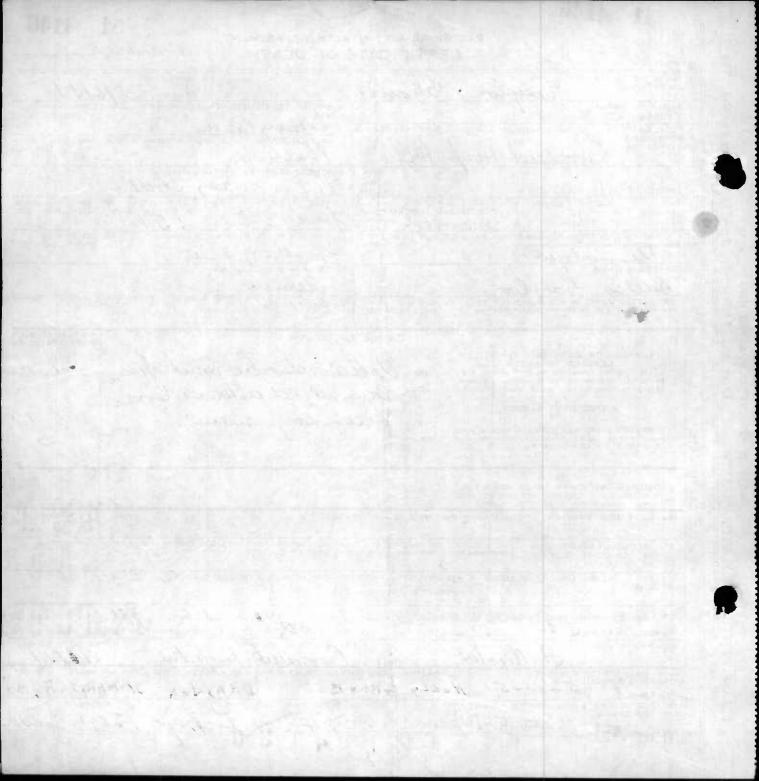


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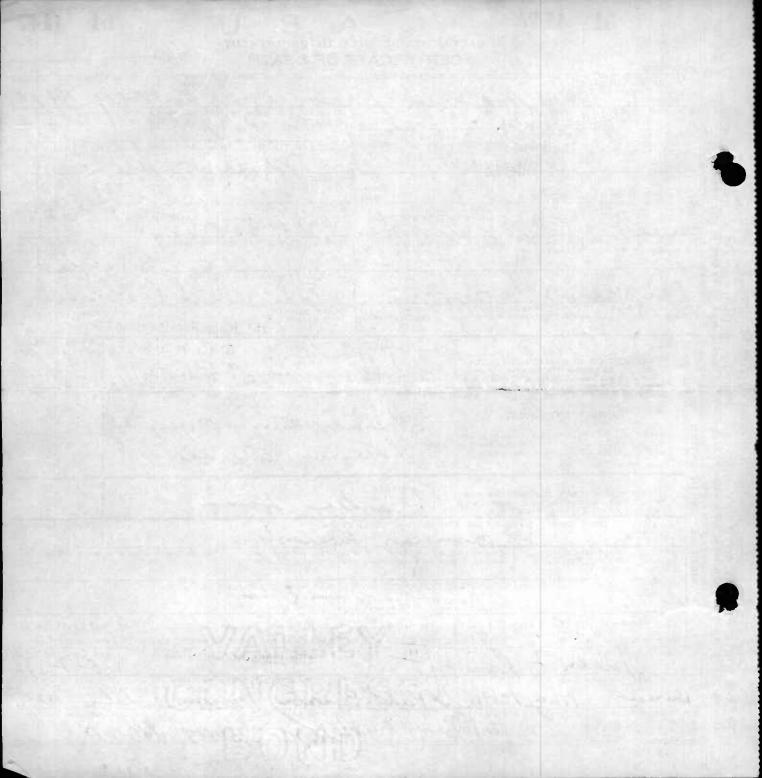
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5	1 4145		ВА		HEALTH DEPARTM			a.	4145
B.	RTH NO.			CERTIFICA	TE OF DEATH	K	egistered	No.	
	NAME OF DECEAS	ED				2. DA			
			kin Gu	y Bonnell		DEA	TH May		951
	Baltimore City, I				4. USUAL RESIDEN		eased lived, I COUNTY		on : residence efore admission
	FULL NAME OF OSPITAL OR	(If not in hospit	al or inatitu	ition, give street address locatio		nd		4	
	STITUTION		4 - 77 -		C. CITT OR TOWN		orporate im	its, write R	township
-	<u> </u>	t. Joseph	's Hos	pital Yrs	Baltimo		e location)	0 1	
0	Length of stay in	Raltimore		7 Over					
		LOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	ilford A	(In years	If Under 1 Year	li Under 24 Hours
	Male	White		wed, DIVORCED (Speci ried	May 15, 1912		birthday) M	lonths Day	Hours Min.
10	A. USUAL OCCUPAT	LION (Give kind of		D OF BUSINESS OR	11. BIRTHPLACE (Sta		intry)		IZEN OF
WOF	Inemployed		Paint	INDUSTR		min		WH	AT COUNTRY
13	FATHER'S NAME	110036	I all	CONJI	West Virgi	EN NAME			
	Ora Bonne	ell			Florence St				
15	. WAS DECEASED EVER	R IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
	no	os, give war or date	or service)	232-09-064	Mabel O. Bo	onnell.			
	18. /53×			CAUSE	OF DEATH			INTE	RVAL BETWEEN
	DISEASE OR	CONDITION						ONSE	ET AND DEATH
	(Thia does not m	ING TO DEAT		F. (A) Racus	crent carcinoma	CAACIIM			
	heart failure, asth injury or compli	enia, etc. It mea	ns the disea	ise,	To the self-self-self-self-self-self-self-self-		***********		
z	ANTECEDENT CAUSES								
0	DISEASES OR C	ONDITIONS, I	ANY, GIVE	ING					
AT.	UNDERLYING C	CONDITION LA	ST.	(C)					
RTIFICATION									
T.	OTHER SIGNIFI	II ICANT CONDI	TIONS CO	N.					
CEF	TRIBUTING TO THE	HE DEATH, BUT	NOT RELAT	red					
1	19A. DATE OF OPE			R FINDINGS OF OPI	ERATION			20.	. AUTOPSY?
A						Head St.		YES	NO X
MEDICA	21A. ACCIDENT W LYING OR CONT CAUSE OF DEATH	TRIBUTING	218. PL	ACE OF INJURY (e. g., farm, factory, street, office bld;	, in or 21c. WHERE DID		timore City,	give exact	t location)
2	21D. TIME (Month) OF INJURY	(Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID II	NJURY OCCU	₹?		
	OF INSURT		m.	WHILE AT NOT WHILE WORK AT WORK					
	22. I herehu cert	ify that I att		e deceased from3		to 5/7/	19 5	1 that I	I last sam th
	deceased alive on	5/7/	1951	and that death occ	urred at 10:00 A.M. f	rom the caus	es and on	the date	stated above
	23A. SIGNATURE		1	and that accent coc	23B. ADDRESS	, om the cano	o una on		DATE SIGNED
	Totan.	17. 78	oda	ers. M.D.	1400 N. Caro	line Stre	et	5/	7/51
24 TI	A. BURIAL, CREMA- N. REMOVAL (Specify)	248. DATE	0		TERY OR CREMATORY 2	24D. LOCATION	(City, town		
	removal	5/8/5		Elkins		Elkins,	West		
	ATE RECEIVED BY	REGISTRAR'	SSIGNAT	URE	25. FUNERAL DIREC			ADDRE	
1	1AY 7 - 1951	mutueto	r / You		Hm. Gook, he	. 1217	St. B	aul S	treet
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VS 150



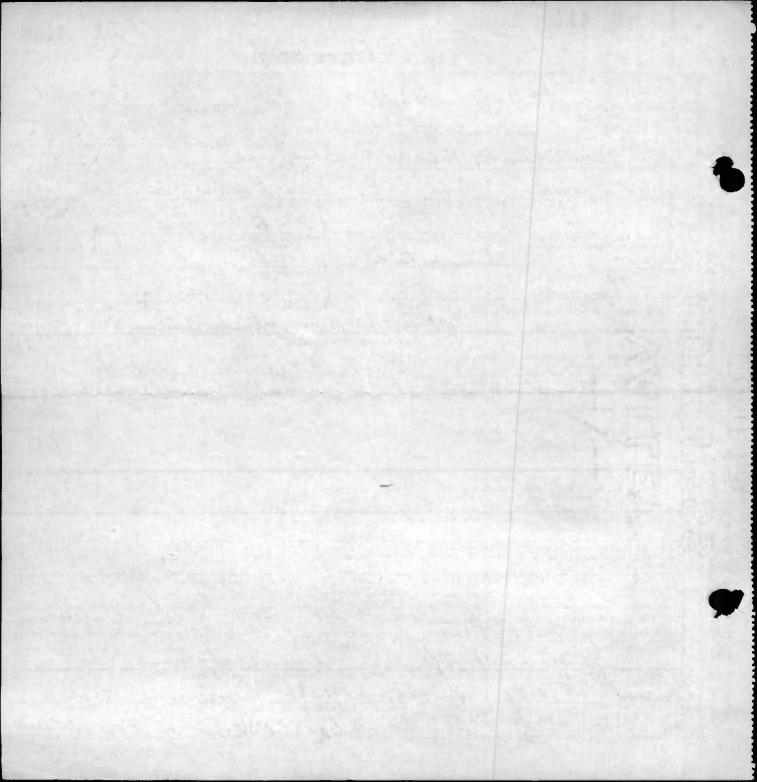
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	WITH,	oortant.
	VLY	imp

PLEASE WRITE P

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MEDICAL

~ P 9 (CITY HEALTH DEPARTMENT 53 FICATE OF DEATH Registered No	1 4149		
or Print) Ida Davis	2. DATE OF May 6	5,1951		
THER'S NAME	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, Baltinore D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue 8. DATE OF BIRTH June 23, unknown B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. CITY OR TOWN (If outside corporate limits, B. C. C. CITY OR TOWN (If outside corporate limits, B. C. C. CITY OR TOWN (If outside corporate limits, B. C. C. CITY OR TOWN (If outside corporate limits, B. C. C. CITY OR TOWN (If outside corporate limits, B. C.	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Bastern Avenue 8. DATE OF BIRTH 9. AGE (In years lit Under 1 Year Months: Days Hours Min. June 23, unknown 11. BIRTHPLACE (State or foreign country) Michigan 12. CITIZEN OF WHAT COUNTRY?		
Winters (D) AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA or unknown) (If yes, give war or dates of service) SECUF	RECORDS: 4940 Eastern Avenue	17. INFORMANTBaltimore City Hospital's Records: 4940 Eastern Avenue		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Coronary Thrombosis Hypertensive arteriosclerotic Heart Disease	interval between onset and death 24 Hrs. Yrs.		

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

5-6

19A. DATE OF OPERATION

Cerebral Vascular Accident

Yrs. 2C. AUTOPSY

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.)

21c. WHERE DID

(If in Baltimore City, give exact location)

LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE [AT WORK WORK 9-5 22. I hereby eertify that I attended the deceased from_

19 45 40 5-6

1951, that I last saw the 19 51, and that death occurred at 5:30P m., from the eauses and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE d. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE A4C. NAME OF CEMETERY OR CREMATORY

4940 Eastern Avenue

Woodlawn Cem.

19B. MAJOR FINDINGS OF OPERATION

24b. LOCATION (City, town, or county)

Woodlawn. ADDRESS

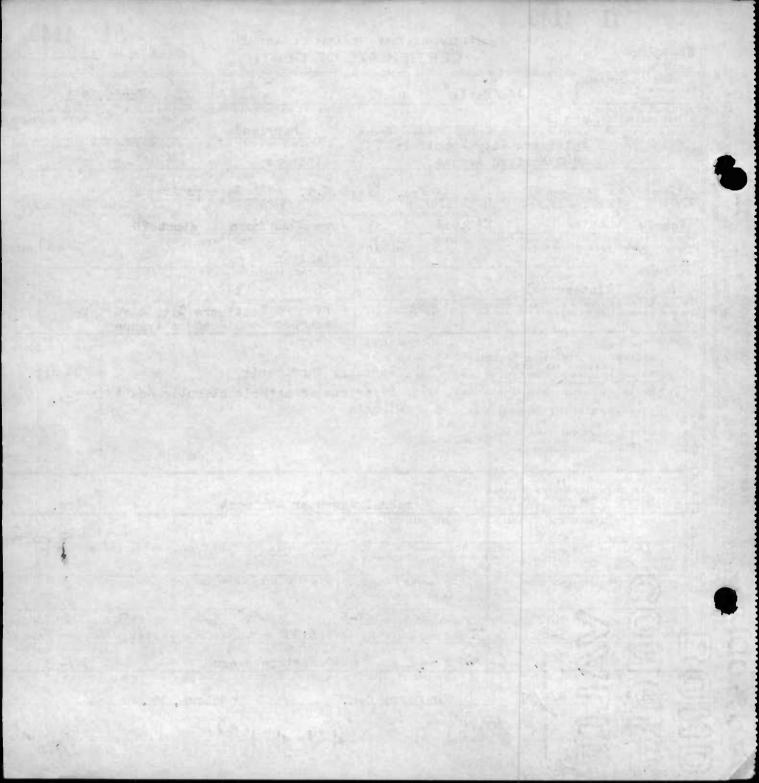
5/9/51 DATE RECEIVED BY REGISTRAR'S SIGNATUR LOCAL REGISTRAR

FUNERAL DIRECTOR

VS 150

Burial

deeeased alive on_



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES NOTHER SIGNIFICANT CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. MINURY OCCUR? 19B. MAJOR FINDING OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. MINURY OCCUR? 19B. MAJOR FINDING OF OPERATION 21B. MAJOR FINDINGS OF OPERATION 21B. MAJOR FINDING OPERATION 21B	20. AUTOPSY/ YES No cexact location)
23a. ALTHESSITIO 23c. DATE S 23a. ALTHESSITIO 1 23a. ALTHESSITIO 1 23c. DATE S 23c. DATE S 23c. DATE S 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25c. DATE S 25c.	date stated above. 23c. DATE SIGNED county) (State)

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MARGIN RESERVED FOR BINDING	PLEASE WRITE P. LY, WITH UNFADING INK. Every item of information should be care, it supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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MARGIN R	UNFADING Physicians: pl
	LY, WITH important.
	PLEASE WRITE Processories of the process of the pro

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The	BI	RTH NO.	51 4151		CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered N	0
	1. NAME OF DECEASED (Type or Print) Edward Minter							4, 1951
y supplied.	Α.	Baltimore (City, Maryland OF (If not in hospita		on, give street address or	4. USUAL RESIDENCE () A. STATE Maryland	Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
	JN	STITUTION	Baltimore Ci 4940 Eastern	ty Hosp Avenue	itals location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi		
care	C.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1813 Etting St. (17)		
uld be		sex lale	6. COLOR OR RACE	7. SINGLE WIDOW Wido	. MARRIED, ED, DIVORCED (Specify) wed	8. DATE OF BIRTH	9. AGE (In years little last birthday) Mon	ths Days Hours Min.
VDING information should be care of death clearly and legibly			CUPATION (Givekind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	oreign country)	12. CITIZEN OF WHAT COUNTRY?
IG rmatic leath	13	. FATHER'S		?	que	14. MOTHER'S MAIDEN N	AME	
BINDING of inform uses of dea	15 (Yes	. WAS DECEAS L, no or nuknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16, SOCIAL SECURITY NO.	Records: 4940	more City Hosi	pitals
MARGIN RESERVED FOR ILY, WITH UNFADING INK. Every item ly important. Physicians: please write the car	MEDICAL CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE LETTER TO	SE OR CONDITION LEADING TO DEAT a not mean the mode of our, asthenia, etc. It mean complication which of the complication which of the complication which of the complication of the complication of the complication of the death, but disease or condition of the death, but disease or condition of operation of the complication o	TH f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING THE ST. TIONS CONNOT RELATE CAUSING I 9B. MAJOR 21B. PLA about bome, f (Hour) m.	(B) (C) Tube: To Tube: The parameter of the control of the contr	n or 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJUR	is [If in Baltimore City, g	20. AUTOPSY? YES NO ive exact location)
PLEASE WRITE Processia	2.	deceased a 23A. SIGNA 4 BURIAL.	CREMA- 248. DATE		and that death occur	rred at 4:15pm., from 23B. ADDRESS 4940 Eastern Ave	the causes and on th	5-7-51
PLE,	ra	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	s signate	liams, Mars	25. FUNERAL DIRECTOR	JO. Heusle	ADDRESS 518 W
	'	VS 150	3		97099			13B

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# 1	055				HEALTH DEPART		Registered	No	
	IRTH NO.				TE OF BEAT				
(NAME OF DECE	John	AL	fred To	BERRUMA	N	OF DEATH MAN	6.1	1951
	. PLACE OF DEAT Baltimore City					ENCE (Whe	re deceased lived/I	f institu	tion : residence before admission)
8	FULL NAME OF		r institution,		OF MARYL	And			
	OSPITAL OR NSTITUTION	14 W 17	NET	te St	c, CITY OR TOWN	I GIF out	tside corporate lim	ts, write	RURAL and give
		7 4 60: 1 7	Yee	Yrs			al, give location)	0/	
0	Length of stay	in Baltimore	70	VRS. Mor		HAV	Ette	57.	
5	. SEX 6.0	COLOR OR RACE 7.	SINGLE, M	ARRIED, DIVORCED (Speci	8. DATE OF BIRT	H 9	AGE (In years	I Under 1	Days Hours Min.
-	MALE	hite	Wide	med	DEC. 25,1	857	93		
WO	A. USUAL OCCUF	ATION (Give kind of king life, even If retired)	B. KIND OF	F BUSINESS OR INDUST	11. BIRTHPLACE	State or forei	gn country)		HAL COUNTRY
-	BOOKKEE B. FATHER'S NAM		Live	stock.	MARY	LAN	9	4.	S. H.
Ι.	E I		>		14. MOTHER'S NA	IDEN NAM	E/.		
-	S. WAS DECEASED E	VER IN U. S. ARMED FO	ERRY	SOCIAL	MARIA		1AUSOV		
(Y	es, no or unkoowo)	If yes, give war or dates of s	ervice)	SECURITY NO	17. INFORMANT		1	ADDRE:	· L 1
-	No	NONE		NONE	1795.6. Jeh	WAP .	2101 FRE		TERVAL BETWEEN
	18. ///	X		CAUSI	E OF DEATH				NSET AND DEATH
	LE	OR CONDITION DIS		Cas	cinpuna Ton	i al	MANAVi	0	1 40
	heart failure, a	t mean the mode of di asthenia, etc. It means to application which cause	he disease,	DUE TO		A Je	maneriza	4	
			eu ueath.)	6		00	11		
Z	ANTECEDENT CAUSES (B) Carcinoma of Bratate.								
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
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RTIFI		11		(c) Deur	ily. Vesice	relidor	uma/		
ERI		IFICANT CONDITION		fist	illa				
l S	TO THE DISEA	SE OR CONDITION CA	USING IT.						
AL	19A. DATE OF O	PERATION 198.	MAJOR FI	NDINGS OF OF	ERATION	in Train			ES NO
EDIC/	21A. ACCIDENT.			OF INJURY (e. g		OID (If i	n Baltimore City,	1	
	HOMICIĎE (S	Specify) ab	out home, ferm,	factory, street, office bld	g.,etc.) INJURY OCCU	IR?			
Σ		nth) (Day) (Year) (Ho	our) 21E	. INJURY OCCUP	RED 21F. HOW DID	INJURY C	CCUR?		
	OF INJURY		m, WHIL						
	22. I hereby certify that I attended the deceased from May, 1946 to 6 May, 1951, that I last saw the								
	deceased alive	on 6 May, 1	951, and	l that death occ	urred at J.oo P. m.	, from the	cause and on	the dat	e stated above.
	23A. SIGNATUR	FO DON	7.	0	23B. ADDRESS	2010 C	1 post	230	DATE SIGNED
-	4A BURIAL CREA	MA-1 24B. DATE	URQ.	M. D.	TERY OR CREMATORY	1 340 100	ATION (City, town), or coll	nty) (State)
T	4A. BURIAL, CREN	(y) Hang	1-1		Yank	2-1	1		1
Ē	ATE RECEIVED B	Y REGISTRAR'S	SON NOVEE	Noppo	25. FUNERAL DIR	ECTOR	TIMORE	ADD	YLAND
	OCAL REGISTRAF	1 huntil gla	2 / 10 Miles	entra, Hull	GEORGE U.S	4.01	211. Pa		eick Aue
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SANDLEGGE BASE AND DESCRIPTION	

19 51, and that death occurred at 3

N-916 PENNA. AVE.

23B. ADDRESS

24C. NAME OF CEMETERY OR CREMATORY THE . SOCAU

25. FUNERAL DIRECTOR

deceased alive on 5

23A. SIGNATURE

NON REMOVAL (Species

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

GURIAL, CREMA

248. DATE

5-10-51

REGISTRAR'S SIGNATURE

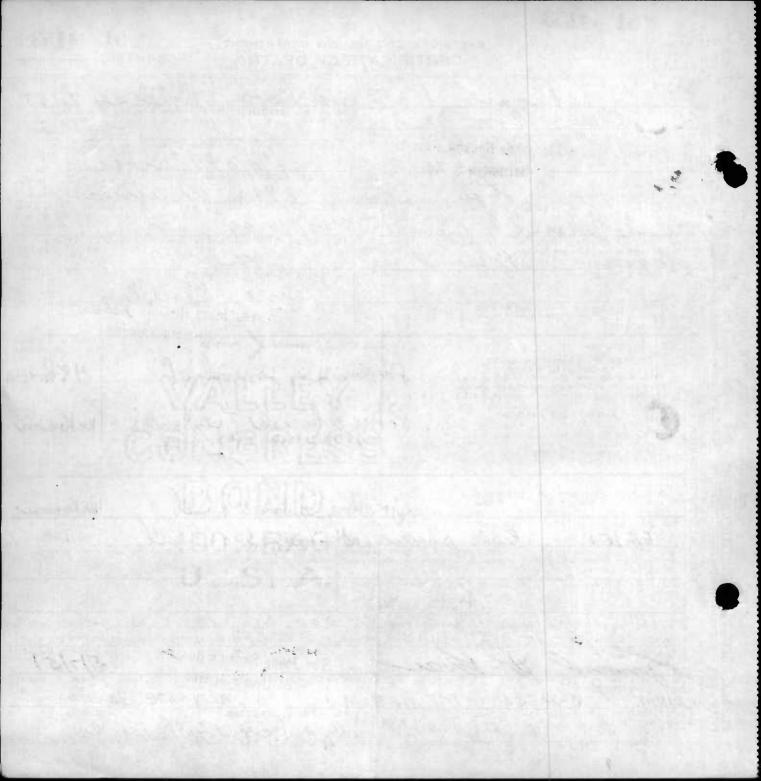
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PLEASE

H DEPARTMENT	51	. 4153
F DEATH	Registered No.	
JSUAL RESIDENCE (When	B. COUNTY	before admission)
TREET ADDRESS (If rur	al, give location AGE (In years I lind last hirthday) Month	rite RURAL and give township) Let I Year II Under 24 Hours Min. L. CITIZEN OF WHAT COUNTRY?
MOTHER'S MAIDEN NAM	Jurley	ital.
	s Hopkins Hose	RUBS
DEATH Bal	timora 5, Md.	INTERVAL BETWEEN ONSET AND DEATH
ks, general	jed	48 Pms.
bacero = pe		un Knewn
MATTER DID (II I	bowlf n Baltiniore City, give	20. AUTOPSYTYES IN NO
21F. HOW DID INJURY C	CCUR?	
to—, 1951, to at 3: 25 m., from the DDRESS The Johns Hopkins CREMARY HOPE 500	eauses and on the	SIZE SIGNED
13a/	TIMBRE. 36.	MO

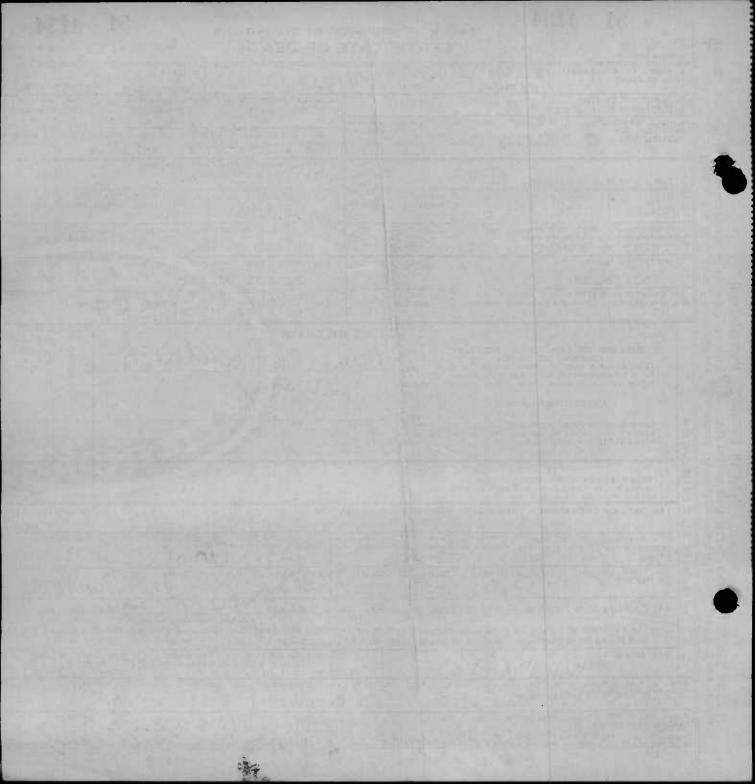


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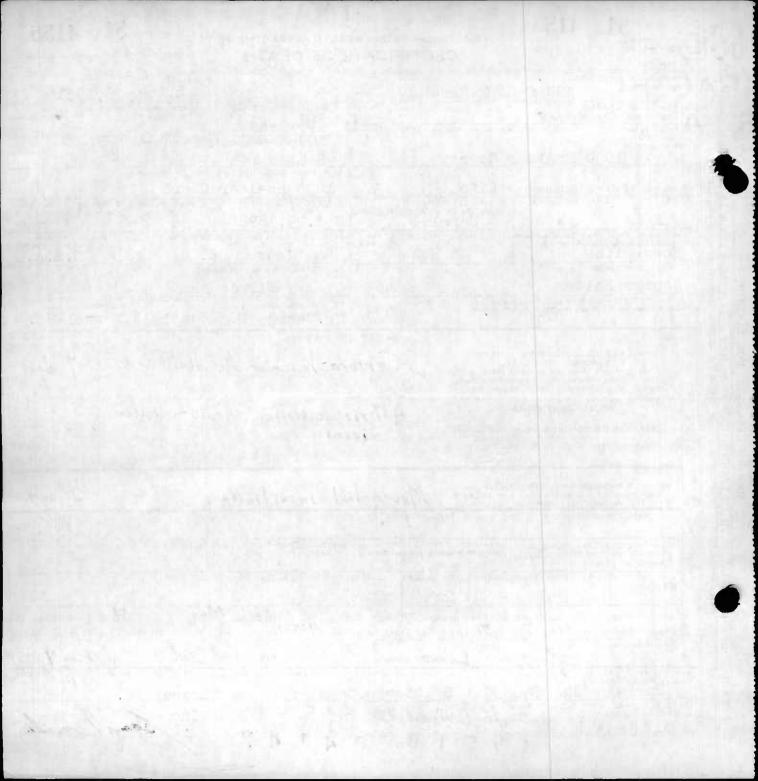
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	250	1 -1100			EALTH DEPARTMENT E OF DEATH	Registered No.	4155
1.	NAME OF D	ECEASED				2. DATE	
(7	Type or Print)	AGNES 1	MARY M	ASON		OF May 6	.1951
	Baltimore	City, Maryland		Sevenier	4. USUAL RESIDENCE (W		
Н	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		outside corporate limit	write RURAL and giv
11	NSTITUTION	034 McAleer	Cour	t.	Baltimore	10 = 0	township
-		0) 110112001	· OOUI	Yrs.	D. STREET ADDRESS (If a	ural, give location)	
C.	Length of s	tay in Baltimore	Life	Mos. Days	1034 McAleer	Court	
_	. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If Und	for 1 Year If Under 24 House
	F	W	Ma	red, DIVORCED (Specify)	Oct.23,1892	last birthday) Month	ns Days Hours Min
10	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
	Housewi		A	t Home	Baltimore, Mo		U.S.A.
13	3. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
	George				Mary Birming	gham	
15 (Ye	5. WAS DECEAS: 86, no or unknown)	ed EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mr. George E. Ma		thel St.
-	18. 47	2			OF DEATH		INTERVAL BETWEEN
	1	SE OR CONDITION	DIDECTIV			1 4	ONSET AND DEATH
		LEADING TO DEAT	TH	(prol	ro-Vascular Acc	:dew/	7 2000
	heart failu	s not mean the mode one, asthenia, etc. It mean complication which c	ns the diseas	e,	// / // // // // // // // // // // // /		Jana
	injury or				1 +	1. /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
z		ANTECEDENT CAUS		(B) Arleri	o-sclerotic care	dio-vascular	
ATION	RISE TO T	S OR CONDITIONS, IF	STATING TH	IG .	ease		
Y.	UNDERLY	YING CONDITION LA	ST.	(C)			
FIC							
ERTI		II SIGNIFICANT CONDI S TO THE DEATH, BUT		M	ial Insufficienc		2
C	TO THE D	ISEASE OR CONDITION		1 /yocara	al Insufficienc	1	of Jears
AL	19A, DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES ND
DICAL		ENT WAS UNDER-	21B. PLA	ACE OF INJURY (e. g., in	n or 21c. WHERE DID (li	f in Baltimore City, give	
M	CAUSE OF	R CONTRIBUTING DEATH			71100111 0000111		
2	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY		m.	WHILE AT WORK AT WORK			
	22. I hereh	n cortifu that I att			1946/to N	Tay 195/	that I last saw th
	deceased a	live on May 5	195/	and that death occur	red at 4:30 A.m., from th	averages and on the	date stated about
	23A. SIGNA	TURE	m		3B. ADDRESS	121 13	23c. DATE SIGNED
		Toy	111.5	commonway. 6.	2008 Harpord	Obl 1	May 7, 195
2	4A. BURIAL.	CREMA 248. DATE	/1:	24c. NAME OF CEMETE	RY OR CREMATORY 240. LC	CATION (City, town, or	county) (State)
0.17	Buria		981	Baltimore (Cemetery Balt	imore. Md.	1/
	ATE RECEIVE	D BY REGISTRAR	SIGNAT	PH	25 FUNERAL DIRECTOR	_ A	DRESS
L(OCAL REGIST	contract the state of the	velon!	MURKELLY MAN	H. Sander & Sons Baltimore, 13,	Inc Sea	1/1.1
				1-		- War	1 HOLLANDER



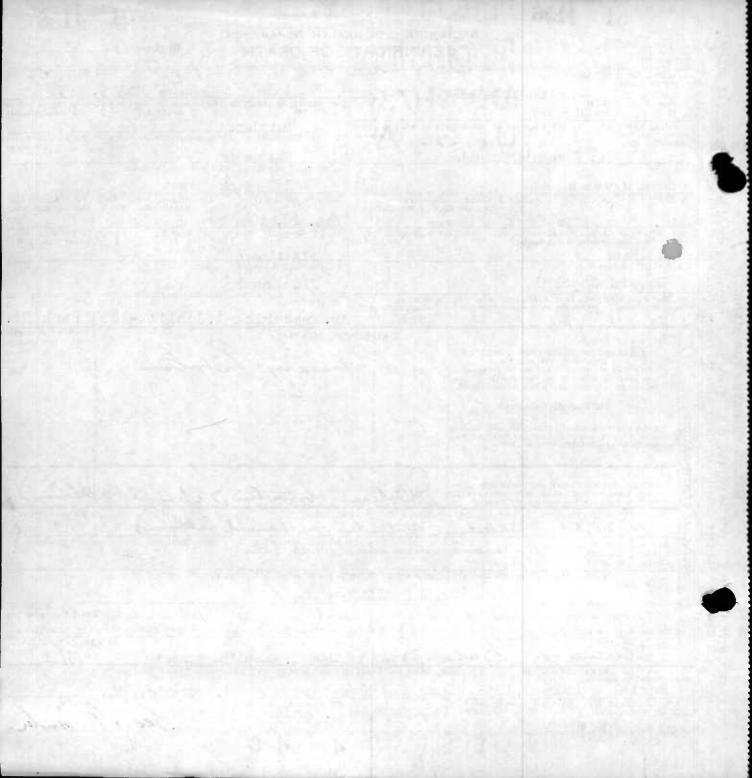
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CERTIFICATE OF DEATH Registered No.

lly supplied. 7	(T	NAME OF DECEASED (Type or Print) Barbara Elizabeth Johlitz	2. DATE OF DEATH Nay 5, 1951
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
		FULL NAME OF (If not in hospital or institution, give street address o OSPITAL OR location	
	IN	YSTITUTION	township)
	1	St. Joseph's Hospital	Baltimore
512		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
leg		Length of stay in Baltimore Days	1823 Bank Street
pu	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under Year If Under 24 Hours Iast birthday) Months: Days Hours Min.
old a		Fe. White Widowed	Oct. 28, 1866 81
item of information should be	10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	WOLK	At. Home at Home	
	13	At Home at Home	Baltimore 14. MOTHER'S MAIDEN NAME
		Edward Joeckel	
	-		Elizabeth
	(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL 16. SECURITY NO.	17. INFORMANT ADDRESS
		No No None	Mr. Frederick A. Johlitz-1823 Bank St.
		18. CAUSE	OF DEATH
		2 / 5 . 6	ONSET AND DEATH
he		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	l
ery e t		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	enonay avoven
UNFADING INK. Every ite Physicians: please write the		injury or complication which caused death.) DUE TO	
		ANTECEDENT CAUSES	
	Z	(B)	
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
	V	UNDERLYING CONDITION LAST,	
	101	(0)	
icis	RTIFIC	11 ()	
F NLY, WITH	CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	I obstruction, mechanical (athlesions)
	AL	19A. DATE OF OPERATION 189 MAJOR FINDINGS OF OPE	
	N.	21A ACCIDENT WAS LINDER 21B. PLACE OF INJURY (e. g.,	io or 21C. WHERE DID (If in Baltimore City, give exact location)
	MEDICA	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?
	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
		OF INJURY WHILE AT NOT WHILE	
		m. work AT WORK	
		22. I hereby certify that I attended the deceased from	1427/ , 153, to 5/5/ , 151, that I last saw the
			arred at 1:35AM., from the causes and on the date stated above.
RI		7 1 1 90	23B. ADDRESS 23C. DATE SIGNED
PLEASE WRITE correct age is esp		Trank W. Daha, J. M.O.	1400 N. Caroline Street 5/5/51
	710	4A. BURIAL, CREMA- 24B. DATE 24E NAME OF CEMET ON, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
		Burial May 8,1951 Immanual Ce	emetery Baltimore, Md.
		ATE RECEIVED BY REGISTRAR'S SIGNATURE /1	
	LC	OCAL REGISTRAR	H. Sander & Sons, Ingless Baltimore, 13, Md Slean & Sander
	=	MAY 8 - 1951	Dat office, 1), Museup Much
		VS 150	4 40



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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT

24B. DATE

REGISTRAR'S

May. 10.1951

UNDERLYING CONDITION LAST.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

20 10

19A. DATE OF OPERATION

CAUSE OF DEATH

21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING

BALTIMORE CITY HI CERTIFICAT

Yrs. Mos.

Days

INDUSTRY

CAUSE

HOFMEIST

7. SINGLE, MARRIED

Lumber Yard

Married

WIDOWED, DIVORCED (Specify

16. SOCIAL

DUE TO

DUE TO

198. MAJOR FINDINGS OF OPER

21B. PLACE OF INJURY (e.g.,

21E. INJURY OCCURR

NOT WHILE

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Cem.

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25. FUNERAL DIRECTOR

SANDER &

about home, farm, factory, street, office bldg.

19 51. and that death occu

ackparpan M. D. 1213

WHILE AT

(C)

SECURITY NO.

10B. KIND OF BUSINESS OR

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EALTH DEPARTMENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E OF DEATH	Registered No.	_
ER	2. DATE OF DEATH 575	
4. USUAL RESIDENCE (WA. STATE	here deceased lived. If institution: residence B. COUNTY before admission	n)
	outside corporate limits, write RURAL and gi	ve p
207 N. Wolfe		
Sept. 13	9. AGE (In years last birthday) Months: Days Hours Mi	n.
11. BIRTHPLACE (State or for	USA WHAT COUNTR	Y
Roseria Gager	AME	
Mrgroryttie M. 2017 N. Wol	Hofmeister (1916)	
OF DEATH	INTERVAL BETWEE	TH
temoschootic 1	Feart Diese Two mass	The state of the s
ouzesture /fe	not Failure one mus	4
	Arasans Rose	
RATION	20. AUTOPSY?	
n or 21C. WHERE DID (I INJURY OCCUR?	f in Baltimore City, give exact location)	
ED 21F. HOW DID INJURY	OCCUR?	
	7 51 , 19 , that I last saw t	
rrea at A. In. m., from the	he causes and on the date stated about) e

24D. LOCATION (City, town, or county)

Baltimore Md.

SONS.

(State)

ADDRESS

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY PLEASE WRITE P 22. I hereby certify that I attended the deceased from 51 deceased alive on 5 7 SI 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR

to see a large of the second of Lasterell All Latin H. Lances was till I . Day's Comment of the TO BE A ST

1. NAME OF DECEASED (Type or Print) William E. Wesser

2. DATE OF May 6, 1951

Registered No.

9. AGE (In years | If Under I Year

3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or

Maryland C. CITY OR TOWN

A. STATE

(If outside corporate limits, write RURAL and give

4403 Mainfield Avenue

Baltimore D. STREET ADDRESS (If rural, give location)

- 1

c. Length of stay in Baltimore

Vre Mos. Davs 8. DATE OF BIRTH

location)

4403 Mainfield Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

B. COUNTY

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced

Jan. 1, 1883 11. BIRTHPLACE (State or foreign country)

last hirthday) Months Days Hours Min.

10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Core Maker

IOB. KIND OF BUSINESS OR INDUSTRY Iron Foundry

Long Island, New York 14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY?

before admission)

H lindar 24 House

13. FATHER'S NAME

John Wesser

Louise Holzberger 17 INFORMANT

ADDRESS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service

white

16. SOCIAL

212-03-011

Violet Hall, 4403 Mainfield Ave

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UNFADING Physicians: 1

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male

331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

20. AUTOPSY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

CAUSE OF DEATH

21E. INJURY OCCURRED

19B. MAJOR FINDINGS OF OPERATION

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that I attended the deceased from deceased alive on Mky 64, 195, and that death occurred at

19 6 that I last saw the _m., from the causes and on the date stated above. 23c. DATE SIGNED

Woodlawn.

23A, 20GNATURE 24A, BURIAL, CREMA-TION, REMOVAL (Specify)

Balto. M

burial DATE RECEIVED BY

Woodlawn REGISTRAR'S SIGNATURE

Cemetery 25. FUNERAL DIRECTOR

St. Paul Street

VS 150

Maryland

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brefaved , . I charlette

25. FUNERAL DIRECTOR

Paul

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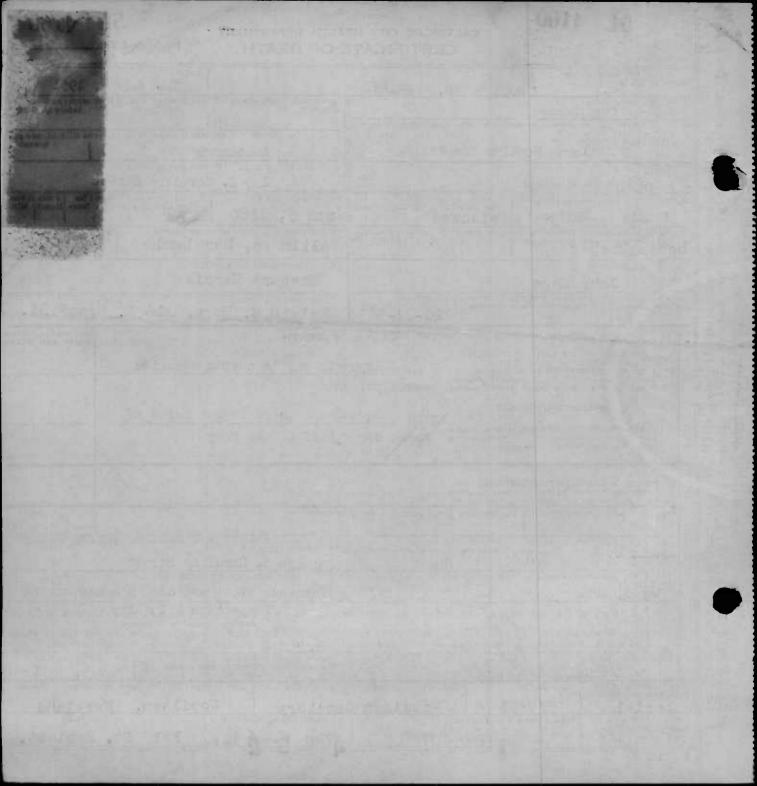
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AY 8 - 1951

S 151 REGISTRAR'S SIGNATURE

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When the autopy fording are available, would your please bet us know of any though fruther indicating probable authorizing cause is declosed?

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See Document File for complete clinical report 5/25/51 ES

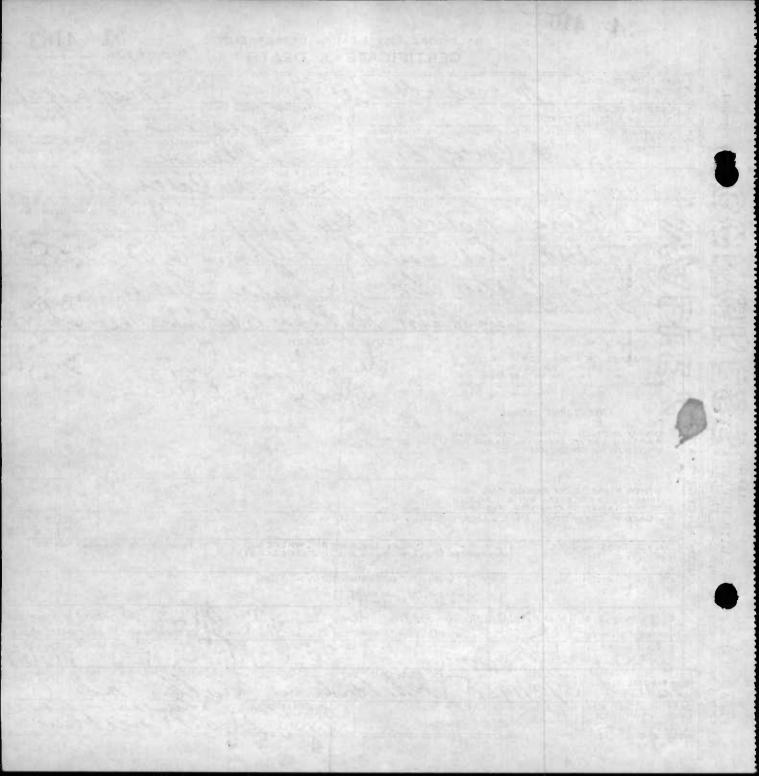
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BALTIMORE CITY HEALTH DEPARTMENT 51 CERTIFICATE OF DEATH Registered No	4163
CERTIFICATE OF DEATH Registered No	
1. NAME OF DECEASED Moses A. Carter 2. DATE OF DEATH MAN 6	1951
S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Astitution	n: Psidence fore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) C. CITY OR TOWN of outside eorporate limits, write R Bullinse S-	URAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days 1323 M. Cally 14.	
Pale Color of RACE 7. SINGLE, MARRIED, B. DATE OF BIRTH PARTY AND MORTHS Day Months: Day	H Under 24 Hours Hours Min.
104 SUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF AT COUNTRY?
13 FATHER'S MANE CARTEN ST (W) 14. MOTHER'S MAIDEN NAME THEN STANDED TO THE STANDER OF THE STAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nor unknown) (If yes, give war or dates of service) SECURITY NO. 17. IMEORMANT SECURITY SECURITY NO. 17. IMEORMANT SECURITY	1817 Cue.
18. 442X CAUSE OF DEATH	RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease,	, mate
injury or complication which caused death.) DUE TO Whole Wheel Disease	
DISEASES OR CONDITIONS, IF ANY, GIVING	,
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
U TO THE DISEASE OR CONDITION CAUSING IT.	AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20.	
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or long) about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact linguage) INJURY OCCUR?	location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHAT AT WORK A	
22. I hereby certify that I attended the deceased from 1950 to 1951, that I	last saw the
deceased alive on 1, 1951, and that death occurred at 3 - 1m., from the dayses and on the date:	ATE SIGNED
24A. BURIAL. CREAT- 24B. DATE 24C. NAME OF GEMETERY OF GREMATORY 24b. LOCATION (City, town, or county	S / State
Julian 5/9/1951 The Culum Bala Ind.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE CONTROL OF THE LOCAL REGISTRAR	Jone
MAY-8-1951	

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1310



21	KIH NO.				
	NAME OF DECEASED JOSEPH TURN	VERI	LOANE, SR	2. DATE MAY	7,1951
	PLACE OF DEATH: Baltimore City, Maryland		A. CYATE	B. COUNTY	itution : residence before admission
-10	FULL NAME OF (If not in hospital or institution, give street	4 .4	C. CHY OF TOWN (If or	itside corporate limits, w	rite BURAL and give
N	STITUTION 36/2 Ferndale Aven	ve	Baltimore	- 7-	township
	Length of stay in Baltimore 62	Yrs.	3612 Fe YU	ral, give location) dale A	renue
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		B. DATE OF BIRTH		r 1 Year II Under 24 Rours
Ĺ	Vale White Mayried	(Specify)	ebruary 13, 1889	last birthday) Month	s Days Hours Win.
0		SS OR NDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12	CITIZEN OF
-	igineering Contractor I lackiner		1.19.10 m	2	0,5,
13	FATHER'S NAME	1 (m)	14. MOTHER'S NAIDEN NAM	Mitt.	,
15	. WAS DECEASED EVER IN U. S. ARMYD FORCES? 16. SOCIAL		110.79 -107	a /////	. ~
	(li yes, give war or dates of service)		Mys. Evelyn Lod	ne 36/2/8	indale He-
-	18. 145 X	CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	AYCIN ALA	hrin	COMME
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		x/c/n oma	D 19	O M OS
	ANTECEDENT CAUSES	7	. + H. T.	1. 1	9
	DISEASES OR CONDITIONS, IF ANY, GIVING	-07Cjh	oma of the	ustores with	K945.
7 1 1 1	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	60	neralized Met	00 100 Ed	
	(C)				
	OTHER SIGNIFICANT CONDITIONS CON-				
)					
1	198 DATE OF OPERATION 198 MAJOR FINDINGS	OF OPERA	The Tonsil		YES NO
1	21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJUI HOMICIDE (Specify) about home, farm, factory, street			in Baltimore City, give	exact location)
1					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY	OCCURRE	D 21F. HOW DID INJURY	OCCUR?	

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UNFADING INK. Physicians: please NOTA CIENTARION

important.

PLEASE WRITE PI

AT WORK

22. I hereby certify that I attended the deceased from deceased alive on 1 and that death occurred at 234. SIGNATURE

m., from the lauses and on the date stated above, 23B. ADDRESS

24A. BURIAL, CREMA-TION REMOVAL (Specify)

(State)

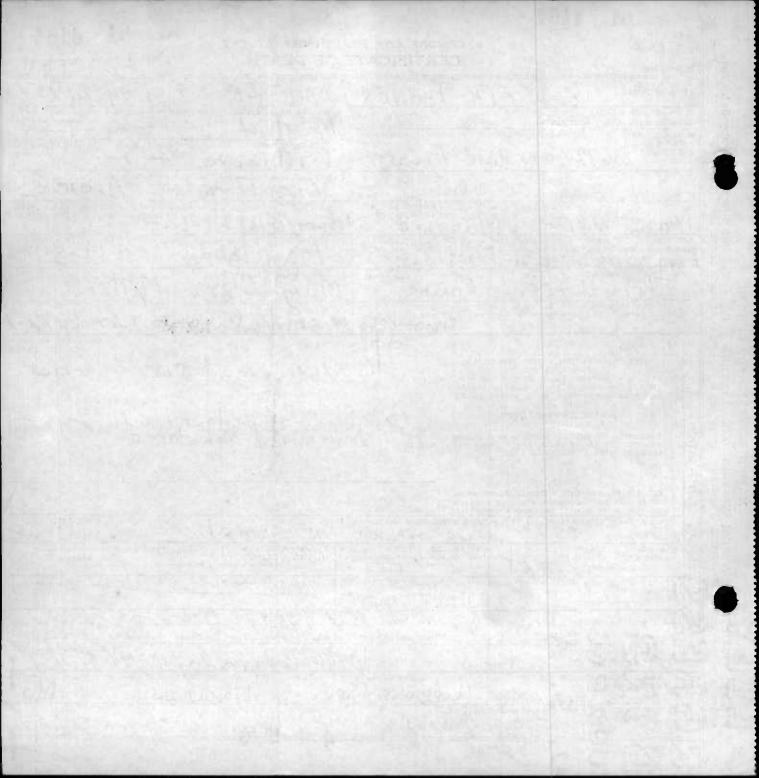
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LORPAINE FUNERAL DIRECTOR

ODDLAWA

ADDRESS

1957, that I last saw the



location)

Yrs.

Mos.

Days

INDUSTRY

SOCIAL

SECURITY NO

IL Under 24 Hours

RD

WHAT COUNTRY?

2					
	2. DATE OF DEATH	MAY	6	19	51

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

AGE (In years | ff Under I Year | If Under 24 Hours last birthday) | Months; Days | Hours: Min. 1876 12. CITIZEN OF

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

17. INFORMANT ADDRESS

80	218-10-7311 HERMAN HILGARTI	HER SOUTUNBRIDGE
18. 420,1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death.		s Gdoxs.
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	G E DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D	
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERATION	20. AUTOPSY7

about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

21c. WHERE DID

WHILE AT NOT WHILE! WORK AT WORK

MARKET STORY

22. I hereby certify that I attended the deceased from. that I last saw the P.m., from the causes and on the date stated above. 195/ and that death occurred at 23c. DATE SIGNED

00 24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(If in Baltimore City, glve exact location)

MD. ADDRESS

(State)

BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAN

25. FUNERAL DIRECTOR

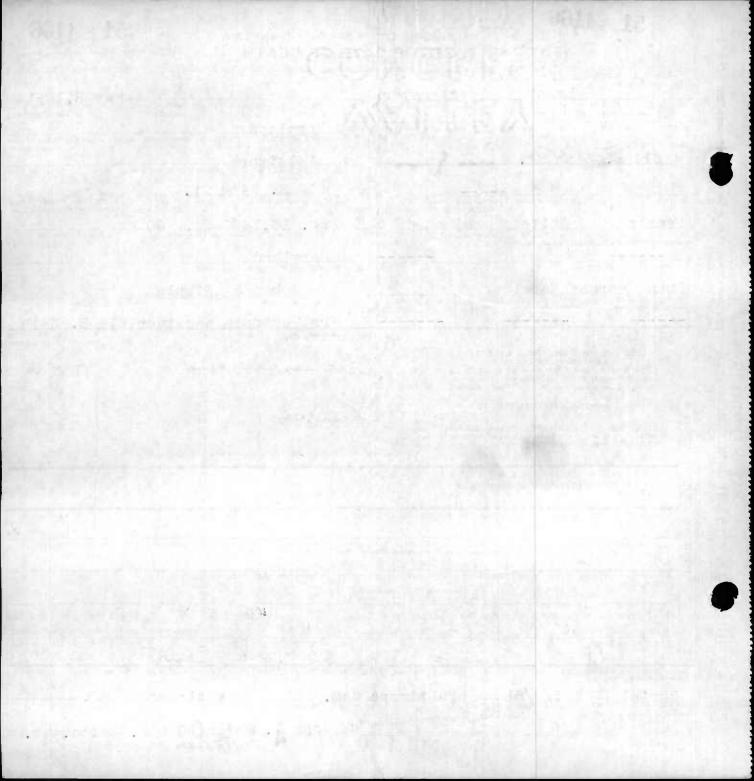
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	supplied.	
	IIIy	
MARGIN RESERVED FOR BINDING	PLEASE WRITE IN ALY, WITH UNFADING INK. Every item of information should be determined by the state of the st	correct age is especially important. Physicians: please write the causes of death clearly and legary.
RESERVED	INK. Ever	please write
MARGIN	UNFADING	Physicians:
	ALY, WITH	important.
1	PLEASE WRITE F	correct age is especially

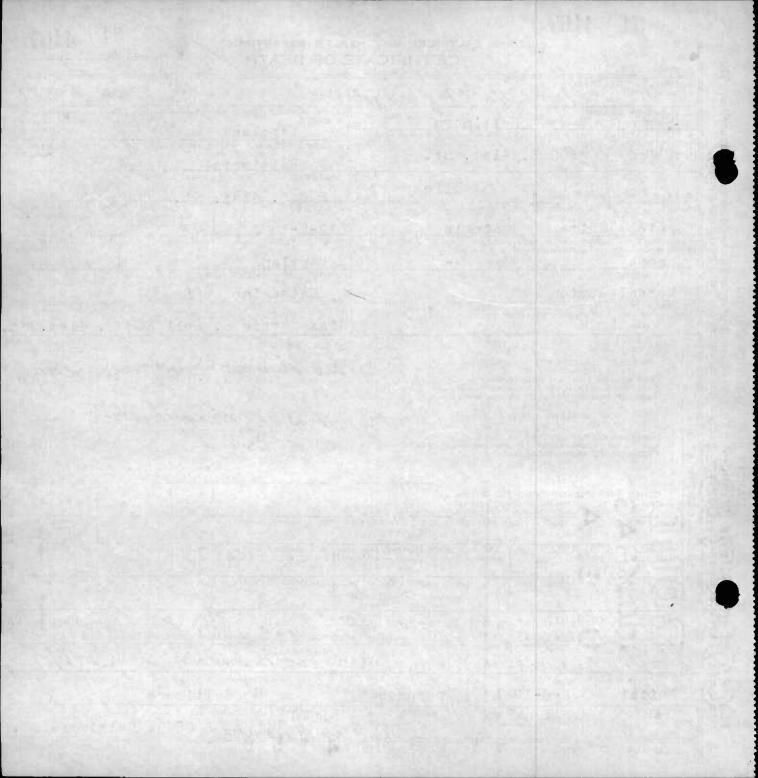
51 4166		E4 4400
BALTIMORE CITY H	EALTH DEPARTMENT	51 41.66
BIRTH NO. 4 6 23 CERTIFICAT	E OF DEATH Regis	tered No
1. NAME OF DECEASED	2. DATE	
(Type or Print) Emma Gerstemeyer	OF	1/ 0 2002
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased	lived. Il institution : residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of	A. STATE B. COU	NTY before admission
HOSPITAL OR location		ate limits, write RURAL and giv
40 614 E. 34th St.	Baltimore	township
Yrs.	D. STREET ADDRESS (If rural, give local	ation)
c. Length of stay in Baltimore Days	614 E. 34th St.	4-03
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In	years If Under Year If Under 24 Hours day) Months: Days Hours: Min.
Female White Widowed	Aug. 16.1860 90	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF
	Maryland	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John George Kaestner	Johanna Ripple	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
SECURITY NO.	Mrs Gertrude Kaestne	er 614 E. 34th
18. 450.0 . CAUSE	OF DEATH	INTERVAL BETWEET
DISEASE OR CONDITION DIRECTLY	0 . 0	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	terisiclerosis	4 425.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	. 0 . 0	
X o	uliky	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
TRIBUTING TO THE DEATH, BUT NOT RELATED		
19A DATE OF OPERATION . 198 MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	n or 21C. WHERE DID (If in Baltimer	e City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg	INJURY OCCURY	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?	
WHILE AT NOT WHILE M. WORK AT WORK		
22. I hereby certify that I attended the deceased from	, 194 Gto 5 · 8	, 195 , that I last saw th
	rred at 4:50 m., from the causes ar	ed on the date stated above
	3B. ADDRESS A	23c. DATE SIGNED
W. h. woold VM.O.	36 Torke Court	5-8.51
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (Ci	ty, town, or county) (State)
Burial 5/9/51 Baltimore C	em. Baltimore	Ma
DATE RECEIVED BY DECISTRADE SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	John A. Moren Booo	



ED FOR BINDING	very item of information should lite the causes of death clearly an
MARGIN RESERVED FOR BINDING	UNFADING INK. ExPhysicians: please wri
	PLEASE WRITE PL. IY, WITH UNFADING INK. Every item of information should learnest age is especially important. Physicians: please write the causes of death clearly an

1		51 4167			4.4.000		
		BALTIMORE CITY HE	EALTH DEPARTMENT	31	4167		
	BI	RTH NO.	E OF DEATH	Registered No			
	1.	NAME OF DECEASED ype or Print) Miss Ella May Guyto	n·	2. DATE OF MOY	61951		
		PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (W		ution : residence before admission)		
	В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland	B. 600/411	beloze administration		
		OSPITAL OR STITUTION 508 E. 41st. St.	c. CITY OR TOWN (If	outside corporate limits, wr	te RURAL and give		
9		Yrs.	Baltimore D. STREET ADDRESS (If r				
0		Life Mos.		ural, give location)	_ /		
5		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	508 E. 41st.	9. AGE (In years) # Under			
	F	emale White Single	12-2-1873	last birthday) Months	Days Hours Min.		
	10	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF		
	WOLK	done during most of working life, even if retired) INDUSTRY	Maryland	THE THE PARTY OF T	WHAT COUNTRY		
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME			
		Norval Guyton	Katherine L	uff			
	15 (Yes	. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL	17. INFORMANT	ADDR			
			Miss Carrie E.	Bell 508 E.	41st. St		
	18. 443× CAUSE OF DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stake Adoms Syndrome						
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,			٠ 7,5.		
		injury or complication which caused death.) DUE TO		/ / /			
	7	ANTECEDENT CAUSES	gertensive Tirke	> Localosaria			
	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	C. V. D15				
	4	UNDERLYING CONDITION LAST.	C. 2. 673				
	RTIFIC	(C)					
		OTHER SIGNIFICANT CONDITIONS CON-					
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
	DICA	21A, ACCIDENT, SUICIDE. 21B, PLACE OF INJURY (e.g., in	p or 21c. WHERE DID (If	in Baltimore City, give	YES NO		
	ED	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,					
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?			
		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK					
		22. I hereby certify that I attended the deceased from	71/9, 1951, to No	Tou 6 105/ +1	at I last saw the		
4		deceased alive on May 5 1951, and that death occur		e causes and on the de			
		23A. SIGNATURE 2	3B. ADDRESS	23	C. DATE SIGNED		
2	1	Lester G. Crall 19. M.D.	2950 cdmma		3/6/5/		
	TIC	ta. EURIAL CREMA: 248. DATE 24C. NAME OF CEMETE 30 REMOVAL (Specify) 5-8-1951 Greenmount		OCATION (City, town, or ed			
	D4	Buraal 5-8-1951 Greenmount	25. FUNERAL DIRECTOR	ltimore Mc	1. DRESS		
		OCAL REGISTRAR		3000 E. Balt:			
	=	VE 180	my y youan	Date.			
		VS 150	4		420		



PLEASE WRITE F correct age is especiany

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R.	253	

BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	- 252		CERTIFICAT	E OF DEAT	H	Registe	red No	
1. NAME OF D (Type or Print)		lerick	L. Reising	er		2. DATE OF DEATH M	av 6th	h.1951
	City, Maryland			4. USUAL RESID		Where deceased liv	ed. If institu	ution : residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital)		ion, give street address of location)		I) V	f outside corporate	limits, writ	te RURAL and gi townshi
	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDR	ast		26	-10
5. SEX Male	White	WIDOW	E, MARRIED, /ED, DIVORCED (Specify, ried	Feb. 8,1		9. AGE (In year last birthda)	mrs	Year If Under 24 Hou Days Hours Min
Retiredle	CUPATION (Give kind of fworking life, even if retired)	Caske	of Business or INDUSTRY	11. BIRTHPLACE	State or i	foreign country)		CITIZEN OF WHAT COUNTRY
	rick P. Rei	_		Julia				
Yes, no or unknown)	D EVER IN U.S. ARMED (If yea, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Rose	M . I	Reisinger	ADDRE 29 N	
DISEASES RISE TO TI UNDERLY	not mean the mode of re, asthenia, etc. It mean complication which complication which complication which complication which complication which complication which complication complication is a second complication of the complication complication is a second complication complic	ns the diseas aused death ES ANY, GIVIN STATING TH	(B)	Tensor Car escase gertlessa				
TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D					
19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION				20. AUTOPSY?
21A. ACCID LYING OF CAUSE OF I	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		DID (If in Baltimore (City, give ex	xact location)
21D. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		NJUR	Y OCCUR?		
22. I hereby deceased al 23A. SIGNAT 24A. BURIAL. E	REMA- 24B DATE	1957.	deceased from Jand that death occur	23B. ADDRESS	Gd.	mey 6, the causes and for City,	on the day	te stated abov
Burial DATE RECEIVED LOCAL REGISTI		SIGNATU	Louden Park	25. FUNERAL DIF	RECTOR	timore 3000 E.		oress

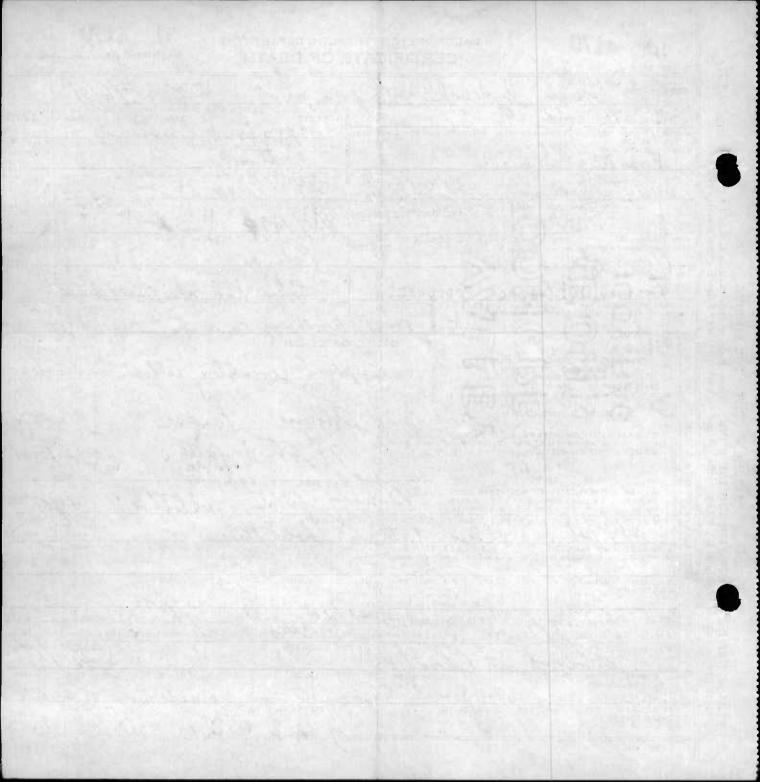
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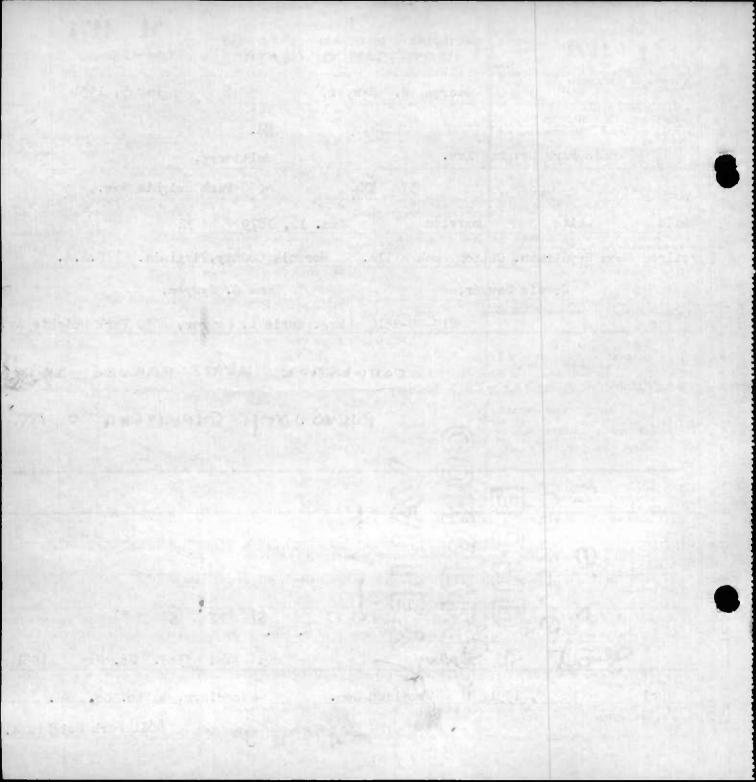
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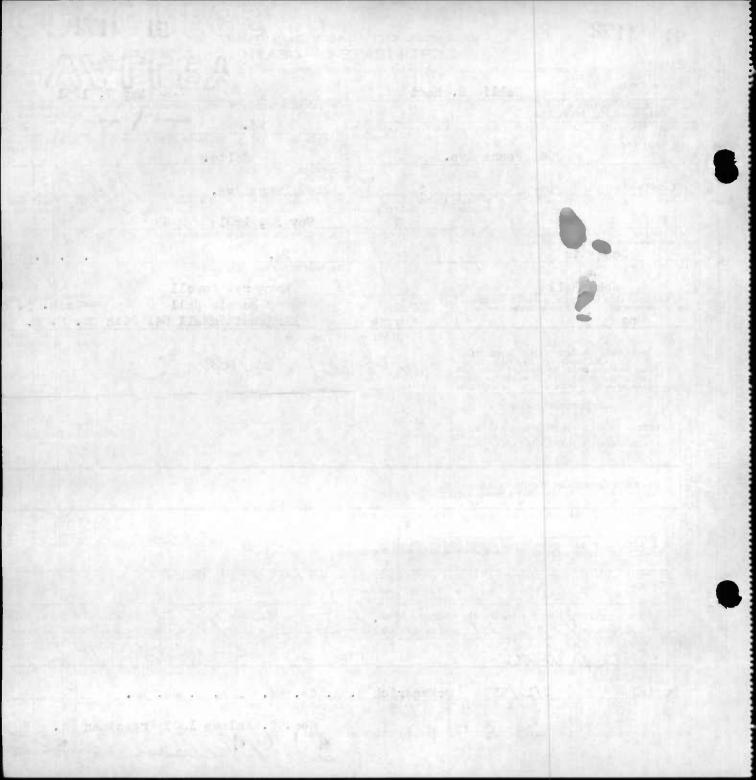
	54 4170 BALTIMORE CIT				51 4	170
ВІ	RTH NO. L-15V CERTIFIC	CATE	OF DEAT	Н	Registered	No.
1.	NAME OF DECEASED Appe or Print) Mory Isolebski	26	inski	2	OF DEATH	16/51
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESID A. STATE	ENCE (When	e deceased lived. I	f institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street sd	dress or cation)	C. CITY OF TOWN	12nd	Dalley	its, write RURAL and give
	STITUTION CO. SQ. ALL		Bette	Sien	side corporate nin	township)
31	Length of stay in Baltimore 40 Years	Yrs. Mos. Days	334 (HINT	I, give location)	26-05
	SEX 6. COLOR OF RACE 7. SINGLE MARRIED WIDOWED, DIVORCED		8. DATE OF BIRTI	Н 9	AGE (In years last birthday)	fi Under 1 Year If Under 24 Hours Inches Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS doged pring most of working life, even if retired)	OR	11. BIRTHPLACE	state or foreig	n country)	12 CITIZEN OF WHAT COUNTRY
12	Honsewell.		Polars	L		
1.3	Francis Potroshi Petrowski		14. MOTHER'S MA	K C	1	es zo zuk
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	-	17. INFORMANT	Turke	4440	ADDRESS 646
(Ye	(If yes, give war or dates of service) SECURITY	7861	anthony	Pul	hi u	. Cheston At
	18. (84x . CA	USE C	OF DEATH	- Miles		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1.	0 0 -	At	00	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	eng	repl un	culotter	Lollopse	- didago
Z	ANTECEDENT CAUSES	6	Refrense	fai	here	2 2 000
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		Hepotu	for	lure	12 hours
RTIF	11 <u>(C)</u>	· a	wie n	ophrit	7	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE, OR CONDITION CAUSING IT.	leor	> fratale	Char	El Their	1 195
1	194. DATE OF OPERATION 198. MAJOR FINDINGS OF	OPERA	TION 1 0 0-	10	272	20. AUTOPSY?
OA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY	la,	Challes WHERE	Maria	Raltimore City	give exact location)
EDI	HOMICIDE (Specify) about home, farm, factory, street, off				Burning Only,	give exact ideation;
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF	CCURRE	D 21F. HOW DIE	NJURY O	CCUR?	
	WHILE AT NO	T WHILE			_/_	
	22. I hereby certify that I attended the deceased from	14	120 195	7, to_ 5	/6 , 195	1, that I last saw the
	deceased alive on 3/6, 195/, and that death	h occur		., from the		the date stated above
	23A. SIGNATURE S. Chombert		BB. ADDRESS			23c. DATE SCHED
	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF C	EMETER	RY OR CREMATORY	24b. LOC/	ATION (City, tow	n, or county) (State)
1	Rusial May 10/1851 Holy R	aser	my Cem	Be	altimos	e County
	ATE RECEIVED BY REGISTRAR'S'SIGNATURE		FUNERAL DIE	RECTOR -	eh 4016	1. Charles M
-	VS 150	- (The state of the s	NA NATIONAL PROPERTY.	×/	101
						126



(Тур	NAME OF DE pe or Print)		Geo	rge W.	Saw	yer,	2. DATE OF May DEATH	5, 1951
A. B		ity, Maryland				4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	. If institution: residence before admission
HOS	SPITAL OR	630 Park Hei			ddress or location)			mits, write RURAL and g townsh
c. L	ength of st	ay in Baltimore		37	Yrs.	D. STREET ADDRESS (I	f rural, give location) ark Heights	
5. S		6. COLOR OR RACE	7. SINGLE.	MARRIED.		8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Ho
ma.		white		ied Divorced	(Specify)	Jan. 12, 1879	72	Months Days Hours M
work do	ooe during most of	CUPATION (Give kind of worklog life, even if retired)		OF BUSINES	DUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTR
		m Repairman.	Cotton	Duck Mil	lls.	Norfolk County		U.S.A.
13.1	FATHER'S N		0			14. MOTHER'S MAIDEN I		
15.1	WAS DECEASE	Jessie D EVER IN U. S. ARMED		10.000			Sawyer.	
You, z	no or uokoown)	(If yes, give war or date	s of service)	16. SOCIAL SECURIT 217-05-25	Y NO.	17. INFORMANT	1630	ADDRESS Park Heights
	(This does heart failur injury or	E OR CONDITION LEADING TO DEAT not mean the mode o e, asthenia, etc. If mea complication which c ANTECEDENT CAUS OR CONDITIONS, 18	DIRECTLY TH of dying, e. g., ns the disease, aused death.) SES	(A)	USE O	Mrs. Annie L. Se OF DEATH STICE UE		INTERVAL BETWE
FICATION	DISEASES	LEADING TO DEAT not mean the mode of e, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, IF ME ABOVE CAUSE (A) ING CONDITION LA	DIRECTLY TH of dying, e. g., ns the disease, eaused death.) SES FANY, GIVING STATING THE	(A) C!	USE O	of death LSTIVE UF	net bair	INTERVAL BETWE ONSET AND DEA
ERTIFICATION	DISEAS (This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SITRIBUTING	LEADING TO DEAT not mean the mode or, asthenia, etc. It mea complication which complication which complication which complication which complication which complication with the complication of the complication of the death, but	DIRECTLY TH Of dying, e. g., ns the disease, aused death.) GES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED	(A)	PU	OF DEATH STIVE WE	net bair	INTERVAL BETWE ONSET AND DEA
AL CERTIFICATION	DISEASES RISE TO THUNDERLY OTHER SITRIBUTING TO THE DISEASES	LEADING TO DEAT not mean the mode or, asthenia, etc. It mea complication which complication which complication which complication which complication which complication with the complication of the death, but sease or condition	DIRECTLY TH Of dying, e. g., ns the disease, aused death.) GES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED	(A) .C.(DUE TO (B) DUE TO (C)	PU	OF DEATH LETIVE WE	net bair	INTERVAL BETWE ONSET AND DEA
DICAL CERTIFICATION	DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DI 19A. DATE OF	LEADING TO DEAT not mean the mode o e, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, 18 IE ABOVE CAUSE (A) ING CONDITION LA ONE CONDITION LA II GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION FOPERATION I	DIRECTLY TH of dying, e. g., ns the disease, caused death.) SES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR F	(A) .C.(DUE TO (B) DUE TO (C)	PU F OPER Y (e.g., ic	RATION OF DEATH WATION OF 21c. WHERE DID	ret pail	INTERVAL BETWE ONSET AND DEA
MEDICAL CERTIFICATION	DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DISEASES OTHER SI TRIBUTING TO THE DISEASES LYING OR CAUSE OF DE	LEADING TO DEAT not mean the mode o e, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, 18 IE ABOVE CAUSE (A) ING CONDITION LA ONE CONDITION LA II GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION FOPERATION I	DIRECTLY TH of dying, e. g., ns the disease, aused death.) GES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farm (Hour) 21	(A) DUE TO (B) DUE TO (C) INDINGS O E OF INJURY O E. INJURY O ILE AT N	PU F OPER Y (e. g., id.	RATION OF DEATH OF DEATH ACTION OF DEATH ACTION OF DEATH OF	CHPHSE	INTERVAL BETWEENSET AND DEA
MEDICAL CERTIFICATION	DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DISEASES OF ITE DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DISEASES CAUSE OF ITE DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DISEASES CAUSE OF ITE DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DISEASES T	LEADING TO DEAT not mean the mode of e, asthenia, etc. It mea complication which control is a second to the control of the death, but sease or condition of the death of the	DIRECTLY TH Of dying, e. g., ns the disease, aused death.) GES FANY, GIVING STATING THE ST. TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about home, farm (Hour) 21 WH m. W	(A) DUE TO (B) DUE TO (C) INDINGS O E OF INJURY O E. INJURY O ILE AT N ORK	F OPER Y (e. g., in Mice bldg., e OCCURRE OT WHILE AT WORK h occur	RATION OF DEATH OF DEATH	CHOWSE (If in Baltimore City RY OCCUR?	20. AUTOPSY YES NO y, give exact location) 21, that I last saw the date stated abo
MEDICAL CERTIFICATION	DISEAS (This does heart failur in jury or in jury	LEADING TO DEAT not mean the mode or e, asthenia, etc. It mea complication which complication which complication which complication which complication which complication with the complication of the complication of the death, but sease or condition for the death when the death when the death when the death with the death was also between the death was also b	DIRECTLY TH of dying, e. g., ns the disease, aused death.) SES FANY, GIVING STATING THE ST. TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR F (Hour) 21 m. whi ended the de 19 51 an	(A) .C. DUE TO (B) DUE TO (C) FINDINGS O E. OF INJURY O ILE AT NORK Peccased from the death at death	F OPER Y (e. g., ir. of while at work h occur 2	RATION OF DEATH COT JUNE 21c. WHERE DID 1NJURY OCCUR? ED 21f. HOW DID INJUR 21f. HOW DID INJUR 21g.	CHPVYSE (If in Baltimore City AY OCCUR? Ay 5 , 19 the causes and on	20. AUTOPSY YES NO y, give exact location) 151, that I last saw to the date stated about 195. 140. AUTOPSY YES NO 2 Y CS



I	1 4172 BALTIMORE CITY HE	FALTH DEPARTMENT 51 41	172
	W rah CERTIFICATI		
	NAME OF DECEASED		
	ype or Print) Nellie S. Kent	2. DATE OF DEATH MAY 7	1057
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If ins	titution : residence
11	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY	before admission
H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, v	
1	2242 Penna Ave.	Balto.	township
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	4 1
	Length of stay in Baltimore ? Days	CC4C FORMS AVO.	-01
3	WIDOWED, DIVORCED (Specify)	last birthday) Month	ler I Year If Under 24 Hours as Days Hours Min.
10	F C W	Nov 30, 1901 49	1
wor	A. USUAL OCCUPATION (Give kind of k done during mont of working life, even if retired) Dome stic	Md.	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U. S. A.
	John Hall	Margaret Powell	V
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		RESWash. D.
110	no nr unknnwn) (11 yes, give war nr dates nf service) SECURITY NO.	MARKANAX S41 24th	
		OF DEATH	INTERVAL BETWEEN
CATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
۲	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY7
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout hnme, farm, factory, atreet, office bidg., e	a pr 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	YES NO E exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI		
	22. I hereby certify that I attended the deceased from	- 192/to 5/7 - 195/	hat I last saw the
	deceased alive on 12, 18 /_ and that death occur		
	23A. SIGNATURE / LIE HA M.D. 2	2/36 Detty	23c, DATE SIGNED
TI	A. BERIAL, CREMA- 44B. DATE 24C. NAME OF CEMETER		county) (State)
	Burial 5/12/51 McKendrick A.		DDBree
L	TE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
-	1951 4 9 5 1 0	Geo. G. Kelson 1303 Presstm	ian St.
	VS 150 7208A	Des. H. Kelson	108

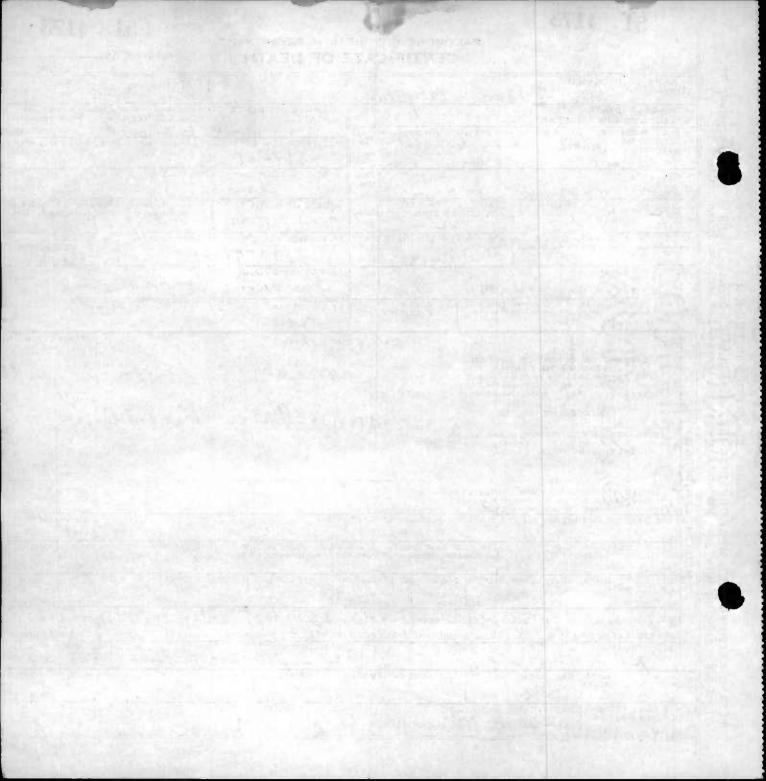


BIRTH	2	June
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No	Re	gist	ered	No.
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		The state of the s	
	NAME OF DECEASED (Spe or Print) Mrs Florence Maguigan	2. DATE OF DEATH	8-7-1
3 A	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or		
117	OSPITAL OR Church Home - Hospital location)	c. CITY OR TOWN (if outside corporate limits,	write RURAL and give township)
10	Stoadway + tairmount olm Yrs.	D. STREET ADDRESS (If rural, give location)	4
-	Length of stay in Baltimore Lift Mos. Days	None	6200
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	APril 1 1872 9. AGE (In years) Mont	der I Year II Under 24 Hours hs Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (State or foreign country) 11. A r 4 land	2. CITIZEN OF WHAT COUNTRY!
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Adams	Josephine Hopkins	
(Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADD	DRESS
	18. //2-0. C	OF DEATH	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	oronary occlusion	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
		() = 1(, ,)	
Z	ANTECEDENT CAUSES	rioseteratic Heart dise	254
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
CAT	UNDERLYING CONDITION LAST.		
IL	(6)		
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY1
Y.			YES NO
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., c	n or 21C. WHERE DID (If in Baltimore City, givetc.) INJURY OCCUR?	e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from	2128, 19, 7 to May 8, 19, 5	That I last saw the
	deceased alive on May 19 3 , and that death occur	rred at f, m., from the courses and on the	date stated above.
	23A. SIGNATURE 7110 ()	3B ADDRESS As holy	23C. DATE SIGNED
	Kun More M.D.	the property	108-6
2 Ta	4A. BURIAL, CREMA 24B. DATE 24C: NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)
1	Barral 2/11/01 Dublin A	veller Verthen Harfe	nd high
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS
-	MAY 9-1951 Huntarities Island	1. 50/3 arten la	Alongton
	VS 150	9	3 1) hul



PLEASE WRITE

20. AUTOPSY (If in Baltimore City, give exact location) , 195 that I last saw the m., from the causes and on the date stated above. 19 51, and that death occurred at 12 25 deceased alive on 4 234. SIGNATURE 23c. DATE SIGNED M. O. 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 water and the top to to

125/5-

Baltimore

12. CITIZEN OF

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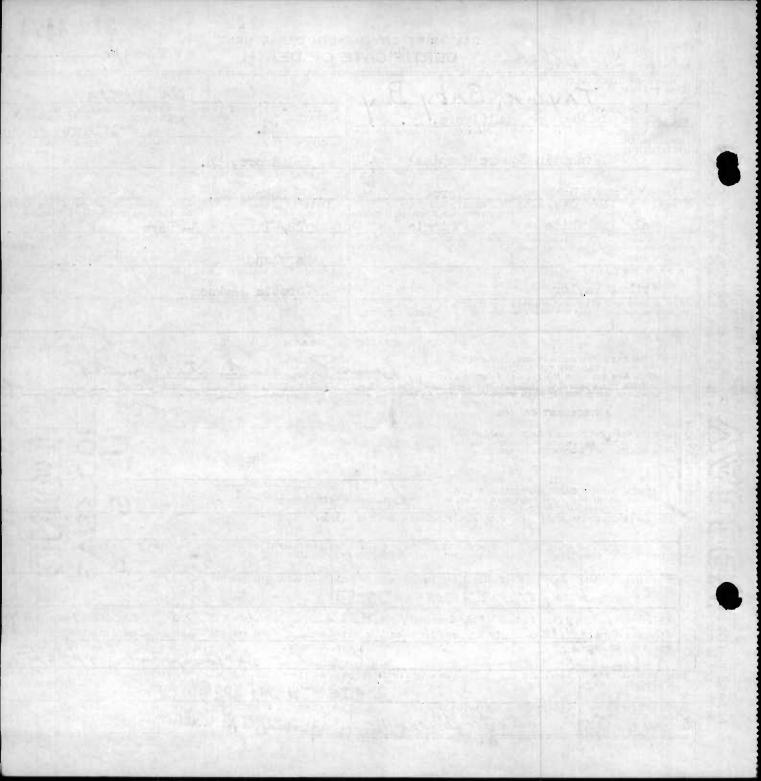
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WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

before admission)



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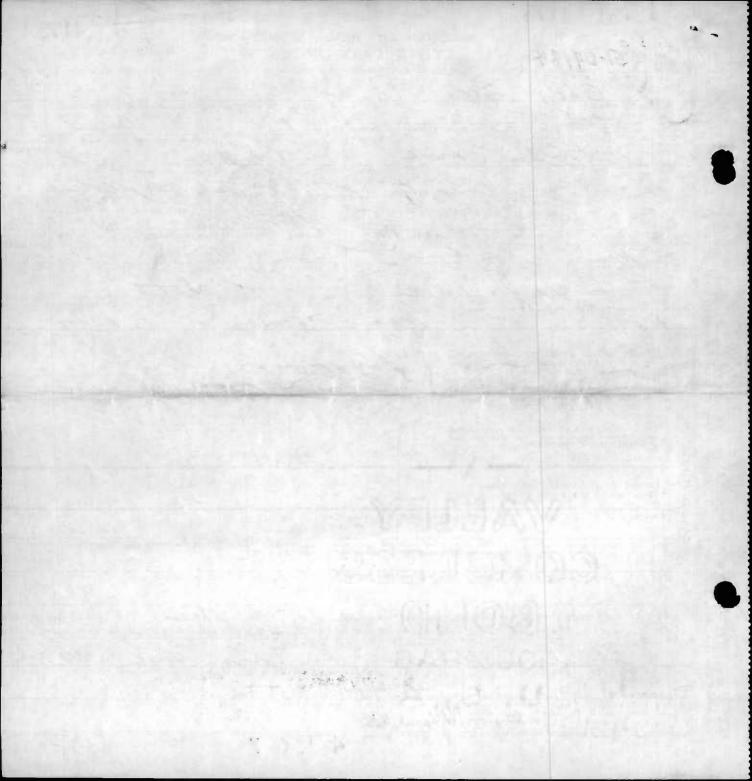
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-	Author	,den	

BALTIMORE CITY HEALTH DEPARTMENT

51	4175

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 1186 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH 8. DATE OF 9. AGE (in years II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 0 0 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCEST 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 1951, to Apr. 25, 1951, that I last saw the 22. I hereby certify that I attended the deceased from ARR. deceased alive on Apr 25, 1957, and that death occurred at Y Zam., from the causes and on the date stated above 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Disposed o Put. toucar. DATE RECEIVED BY REGISTRAR'S SIGNA 25. PUNERAL DIRECTOR ADDRESS



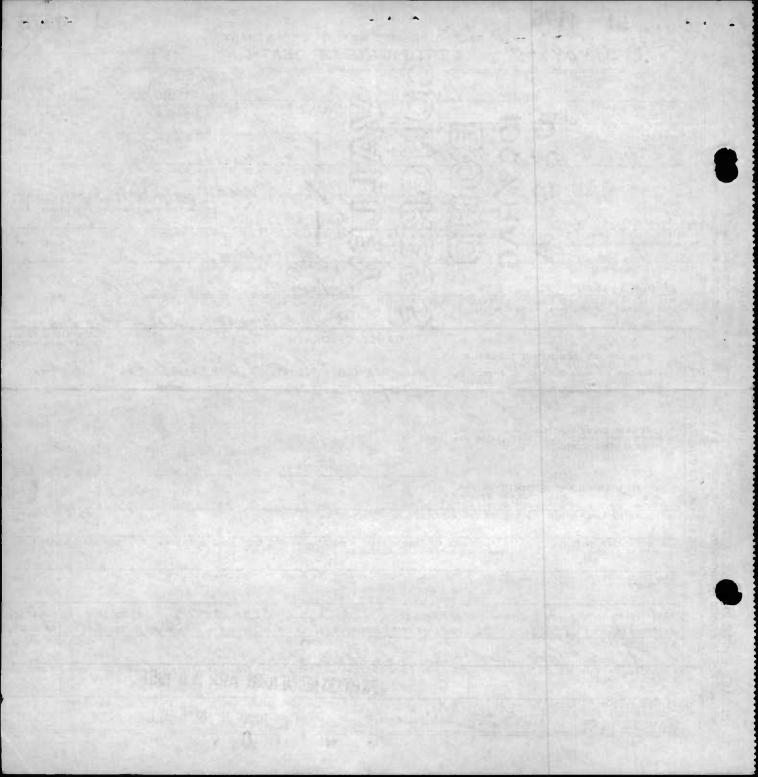
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BALTIMORE CITY HEALTH DEPARTMENT

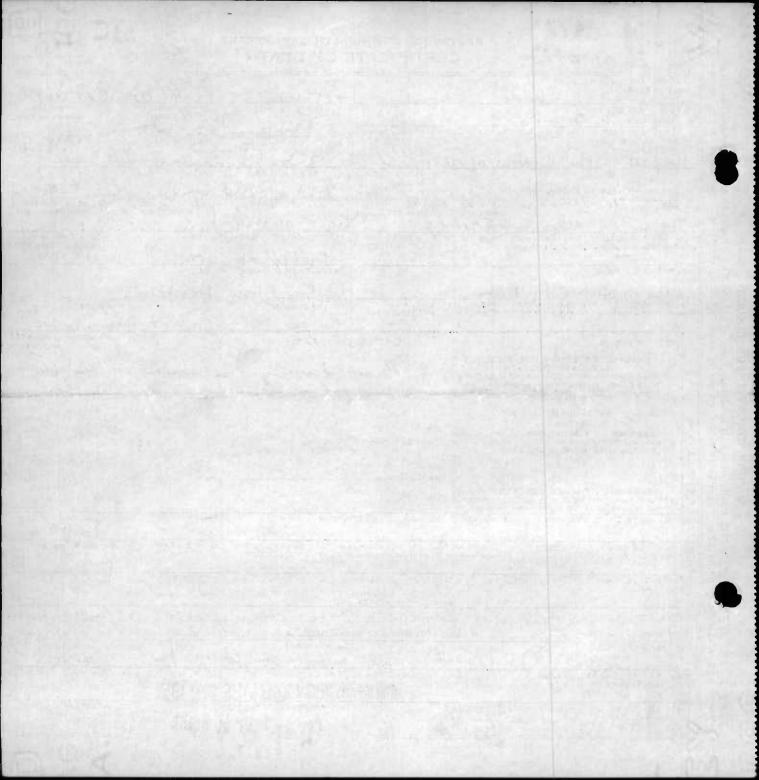
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P -	RTH NÓ. 51.0994	4	CERTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF DECEASED	/			2. DATE	
(1	ype or Print)	2 V	Brown		DEATH AM II	74,1951
	PLACE OF DEATH: Baltimore City, Maryland	1		4. USUAL RESIDENCE	Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
	FULL NAME OF (If not in hospit	al or instituti	on, give street address or location)			
	STITUTION	· cr	1	c. CITY OR TOWN	foutside corporate limits	, write RURAL and give township)
0	1031 N. Mouri	7)17		139/1/201	2 10-	- 0 3
c.	Length of stay in Baltimore		Yrs, Mos. Days	o. STREET ADDRESS (If	rural, give location)	
	SEX 6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH		Under 1 Year It Under 24 Hours
11-6-	emale Colord		S (Specify)	Amil 23,1961		oths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	A1. BIRTHPLACE (State or f	oreign country)	12 CITIZEN OF WHAT COUNTRY?
-	Infant			Marylan	d.	
13	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	Howard Br	ow N		Bortha	Byart ton	2
15 (Ye	. WAS DECEASED EVER IN U.S. ARME s, no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	IA.	DDRESS
"	has a		SECORITI NO.	Bertha Brown	V 1031 111	Wort &
	18. 754.4		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION				7	, ,
	(This does not mean the mode	of dying, e. s	in (A) Congs	enital Malfa	m9/109	1 day
	heart failure, asthenia, etc. It med injury or complication which			fart-		
	ANTECEDENT CAU	SES	1 1			
Z	ANTECEDENT	323	(B)			
10	DISEASES OR CONDITIONS,		1G			
FICATION	UNDERLYING CONDITION L					
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RTIF	п		(C)			
田田	OTHER SIGNIFICANT COND TRIBUTING TO THE GEATH, BUT					
Ü	TO THE DISEASE OR CONDITION	N CAUSING I	Τ			
AL	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
V		I na Di i	CE OF INJURY (in or 21C. WHERE DID (If in Baltimore City, g	YES NO
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		CE OF INJURY (e. g., iarm, factory, street, office bidg.,		II in pairimote city, g	ive exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
F.	OF INJURY	m.	WHILE AT NOT WHILE			
1	22. I hereby certify that I at	tended the	deceased from 4	rred at ?'30p m., from	1-24 195	that I last saw the
	deceased alive on 4-24	195/	and that death occu	rred at ?'300 m., from	the causes and on th	e date stated above.
	23A. SIGNATURE	, 10-	1	23B. ADDRESS		23c. DATE SIGNED
	18 romoting	till	22_ M.O. /	443 Renna. 6	The	4/25151
2 TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	1	24C. NAME OF CEMETE	HOPKINS MEDICAL SCHOOL AP	R 2 6 1951 town.	or county) (State)
1-	ATE RECEIVED BY REGISTRAR	'S SIGNATI		25. FUNERAL DIRECTOR		ADDRESS
	OCAL DECISTRAS		Milliansa, M. #	Commissione	er of ficality	
-	MAY 9 - 1951	WAS LAKE	I DANCE WOULD IN	OSHUMEDDEGRE	AT TYANGES	
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	51	417	7	BAL	TIMORE CITY	HEAL	LTH DEPARTMENT		51	4177
В	IRTH NO.	51.09	9930		CERTIFICA	ATE	OF DEATH	Register	ed No	y,, y
(1	NAME OF Carpe or Print)		Char	les {	Edward		Chner USUAL RESIDENCE (29 1957
A.	Baltimore	City, Mary		al or institut	ion, give street addre	A	STATE	le B. COUNT		before admission
	OSPITAL OR	. 4	111		locat	tion) c	CITY OR TOWN	If our ide corporate	limits, w	rite RURAL and giv
14	Hospital	for the	Worme	am of		rs. D	STREET ADDRESS (1	f rural, give location	11)	/
_	Length of					ays	2114 Ma		d	cive
111	Male	6.COLOR		WIDOW	E, MARRIED. /ED, DIVORCED (Sp 6 4 6	ecify)	DATE OF BIRTH	last birthday) Month	Days Hours Min
-	A. USUAL O	CCUPATION			OF BUSINESS O		Rul 27 1957.	foreign country)	1 12	CITIZEN OF
	k done during most				INDUS		Partimore	Md.		WHAT COUNTRY
13	B. FATHER'S	NAME	0			1.	4. MOTHER'S MAIDEN	NAME		
15	ULLMON 5. WAS DECEAS	Lewry	Lech	AMEN)	16. SOCIAL	3_	osther Alice	Hogelau	<u></u>	
(Ye	m, no or unknown	(If yes, give	e war or date	of service)	SECURITY N	0.	7. INFORMANT	0	ADDE	Call
-	No					IN	nother.	2114	Nary	INTERVAL BETWEE
	(This doe heart fail	SE OR CON LEADING as not mean ure, asthenia, r complicatio	the mode of etc. It mea	TH of dying, e. : ns the diseas	g., (A) /2	43	ferily,	freme		Iday 6hr. 7
1	injury of	ANTECEDE			1.) DUE 10					
RTIFICATION	RISE TO	ES OR COND THE ABOVE O YING COND	CAUSE (A)	STATING TI						
E			11		(C)					
CERT	TRIBUTIN	SIGNIFICAN IG TO THE DE DISEASE OR	T CONDI	NOT RELAT	ŁD .					
7		OF OPERAT			FINDINGS OF	PERAT	ION			20. AUTOPSY?
A				1			1.04-1441500 010	(10.1. 7).341	****	YEB NO L
MEDICA	HOMICIDE	ENT. SUICH (Specify)	DE.	about home,	ACE OF INJURY (farm, factory, street, office	bldg.,etc.)		(If in Baltimore C	ity, give	exact location)
2	21D. TIME OF INJURY	(Month) (D	ay) (Year)		21E. INJURY OCC		21F. HOW DID INJU	RY OCCUR?		
				m.	WORK LAT W	ORK L	(17)	V-26 6.		
	deceased of		that I att 4-25	ended the	deceased from_and that death o	ccurre	d at 445 Am., from	the eauses and	on the c	hat I last saw th late stated above
	23A, SIGNA		0.		uhun un	238	Doneis A	milal		3c. DATE SIGNED
2 71	4A. BURIAL.	CREMA- 24 Specify;	BATE		24. NAME OF CEN	HOPKINS	OR CREMATORY 24D.	3 0 1951	town, or	
	OCAL REGIS			SSIGNATI			5. FUNERAL DIRECTOR	1000	AI	DDRESS
=	VS 150	1221						4 1,5 = 1,5 1,5		150



	y supplied.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	PLEASE WRITE PR LY, WITH Correct age is especially important. H

	NAME OF DECEASED In Paraway Doris PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or observation) RESTITUTION Baltimore City Hospitals 4940 Eastern Avenue Yrs. Mos. Days				-2-51	
A.]					f before admission	
				C. CITY OR TOWN (If outside corporate limits, write RURAL and give baltimore township) D. STREET ADDRESS (If rural, give location) 1209 W. Lanvale St17		
c. :						
5. 5	SEX F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single	8. DATE OF BIRTH 9. AGE (In year last birthday)	Months Days Hours Min	
		CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15.	Anthony Paraway. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		Doris Jason 17. INFORMANT ADDRESS			
Yes,	no or onkoowo) (If yes, give war or dates of service) SECURITY NO.		Records: B.C.H. 4940 East			
	18. 762.5 CAUSE C			OF DEATH	INTERVAL BETWEE	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congenital Atelectasis				life	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES Prematurity				life	
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
<	UNDERLYING CONDITION LAST.					
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-					
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
CAL	19A. DATE C	F OPERATION 1	98, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?	
ED	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g. about home, farm, fectory, atreet, office bldg		ity, give exact location)	
Σ.	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK					
1	22. I hereby certify that I attended the deceased from 5-2-51, 19, to 5-2, 19, 19, that I last saw the					
- 1	deceased a	live on 5-2	_, 19_51, and that death occu	urred at 4 λ , m ., from the causes and a 238. ADDRESS	n the date stated above 23c. DATE SIGNER	
-		US.	Cogen M.D.	4940 Eastern Avenue	5-4-51	
24 TIO	A. BURIAL.	CREMA- 24B. DATE Specify) 5-4-51	B.C.H. Crema	ery or CREMATORY 24D. LOCATION (Gity, tory Baltimore, 1		

MARKET BUILDING Color agent fire

township)

HOSPITAL OR

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UNFADING Physicians: p

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MARGIN

51 4179 -513 BIRTH NO.	BALTIMORE CITY HE CERTIFICAT	
1. NAME OF DECEASED (Type or Print) MARTIN CLARENCE	CE KEMPTER	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in	nstitution, give street address or	4. USUAL RESIDEN

US Marine Hospital

Wyman Pk. Drive & 31st St.

2. DATE May 6, 1951 DEATH USUAL RESIDENCE (Where deceased lived, If institution : residence

B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give Raltimore D. STREET ADDRESS (If rural, give location)

43 S. Kossuth Street

c. Length of stay in Baltimore Davs 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 5/24/06 Married 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR

CAIPOUSTRY

CAUSE OF DEATH

Yrs.

Mos.

9. AGE (In years) If Under 24 Hours last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY? USA

Cab driver 13. FATHER'S NAME

(Yes, no or unknown)

work done during most of working life, even if retired).

Albert Kempter 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO 214-01-8454

14. MOTHER'S MAIDEN NAME Eva Myberger

DC

17. INFORMANT

H DEPARTMENT

ADDRESS Records- US Marine Hospital, Balto. Md.

20.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Arteriosclerotic heart disease with myocardial infarction, old QUE TO

Rheumatoid arthritis

OUE TO

(C) ..

198, MAJOR FINDINGS OF OPERATION

(B)

5 yrs.

20. AUTOPSY

l yr

INTERVAL BETWEEN

ONSET AND DEATH

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

25 FUNERAL DIRECTOR

(If in Baltimore City, give exact location)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20 10 51, and that death occurred at 6:10A m., from the causes and on the date stated above. May 6 deceased alive on 1

REGISTRAR'S SIGNATURE

house the story

Medical Director

23B. ADDRESS US Marine Hospital, Balto, Md.

1951/to___

23C. DATE SIGNED

1951, that I last saw the

BURIAL, CREMA

John L. Wilson.

24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

M. O.

May 6

DATE RECEIVED BY LOCAL REGISTRAR

4 PLEASE WRITE 1



4180

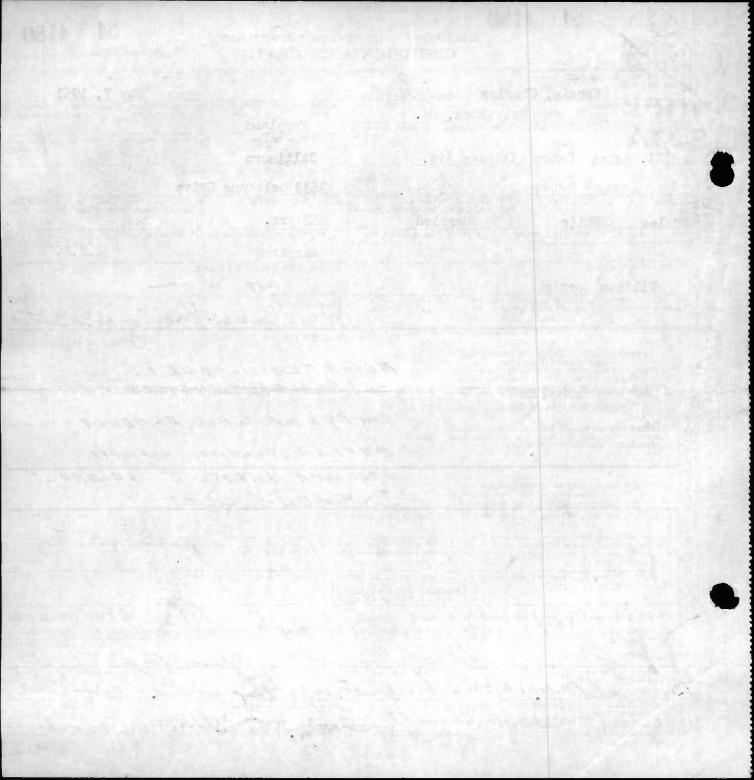
51 4180 Registered No. 2. DATE OF May 7, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) 9. AGE (in years) If Under 1 Year last birthday) | Months; Days | Hours: Min. 12. CITIZEN OF SA COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

, 195 1, that I last saw the . 1957 and that death occurred at 9:05 h., from the causes and on the date stated above. 23c. DATE SIGNED

24D. LOCATION (City town, or county)



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	A 1			3	BALTIMORE CIT	Y HEA	LTH DEPART	MENT		1	4181
Total	Many.	2 (a			CERTIFIC	ATE	OF DEAT	Н	Registered 1	No.	
	1.	NAME OF DE	CEASED					2	2. DATE		
	(T	ype John SI	Licher						OF DEATH 5-5	51	
		Baltimore C		1000	Caton Avenue		A. STATE	ENCE (When	re deceased lived. If B. COUNTY		ion : residence before admission)
		FULL NAME O	OF (If not in	hospital or ins	titution, give atreet add		C. CITY OR TOWN	-a ·	side corporate limit	lu meito	IATIDAT and also
	IN	Jen	kin's Men	norial H	nenitel		B	A .)- O	township)
	7	1	TOTAL D MAGE	ACT TOT IN	25 04 064	Yrs. Mos.	D. STREET ADDRE	SS HI rur	d, give location)		1.
		Length of st				Days	3900	Gal		u	
1	Э.		6. COLOR OR		IGLE, MARRIED, DOWED, DIVORCED (8. DATE OF BIRTH	9.	last birthday) Me	nths D	
	10	A USUAL OCC	UPATION (Giv	ekindof 10B. F	IND OF BUSINESS		10-5-1875	State or foreig	75 yrs.	12. CI	TIZEN OF
	S	deno doring most of	working life, even If	(retired) Qu	M Busine	JSTRY	Germany			W	HAT COUNTRY?
	13	. FATHER'S N	AME A	2.1			A. MOTHER'S MA	IDEN NAME	E	Tin.	. /
2	15	WAS DESCRIPTION	se	where			Mikny	un			
	(Yes	, no or unknown)	(If yes, give war	ARMED FORCE	S? 16. SOCIAL SECURITY	NO.	17. INFORMANT		20. A	DORES	S
		1/20						nnSliche	er, 3900 g	oan	TERVAL BETWEEN
3		18. 4 Y7	F OR CONDI	TION DIRECT		USE O	F DEATH				SET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ARTEALOSCLEROTIO CRROIT						pin -				
2		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO UPSCULAR DISEASE									
	11		ANTECEDENT	CAUSES			BABL TI			8	_
3	Z	DISEASES	OR CONDITIO	ONS, IF ANY,	(D) -	•	KEMA				
	FICATIO		ING CONDITI		G THE DUE TO						
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240	RTI		II IGNIFICANT (CON-	NEC	mo NARY				
2	CE	TO THE DI	TO THE DEATH SEASE OR CON	DITION CAUSE	NG IT.						
	7	19A. DATE OF	F OPERATION	0 19B. MA.	JOR FINDINGS OF	OPERA	TION				O. AUTOPSY?
Contra	EDICA		NT, SUICIDE.	218.	PLACE OF INJURY	(e. g., in			Baltimore City,		
1	ME	HOMICIDE	(Specify)	about	ome, farm, factory, street, offi	ce bidg., etc) INJURY OCCU	R7			
1	-	21D. TIME () OF INJURY	Month) (Day)	(Year) (Hour)	21E. INJURY OC		21F. HOW DID	INJURY O	CCUR?	Wal	
				1		WHILE			/		
The land					the deceased from			1.10_5			I last saw the
2		deceased ali		4 , 19 0	Z, and that death		ed at 7.00 m.	, from the	causes and on t		e stated above.
2		Ch-	Enon 7	1 19	haul M.	D.	St.	agi	un that	15	10/51
20		A. BURIAL, C		ATE Q	244. NAME OF CL	METER	Y OR CREMATORY	248. LOCA	ATION (City town	or cou	(State)
	4	sured	e vica	4 1/2	1. Tuw C	all	eldral	Dal	So. m		Prop
100	LC	CAL REGISTE	RAR REGIS	RAR'S SIGN	Williams M.	3	5 FUNERAL DIR	· -//		PADDE	ESS _
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If Under 1 Year

12. CITIZEN OF

township)

If Under 24 Hours

WHAT COUNTRY?

ONSET AND DEATH

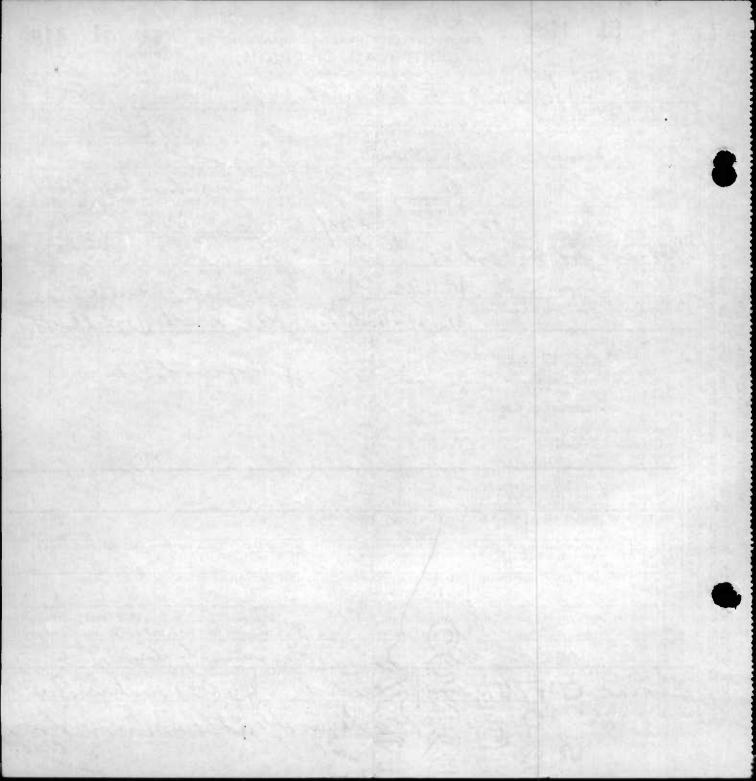
20. AUTOPSY

23c. DATE SIGNED

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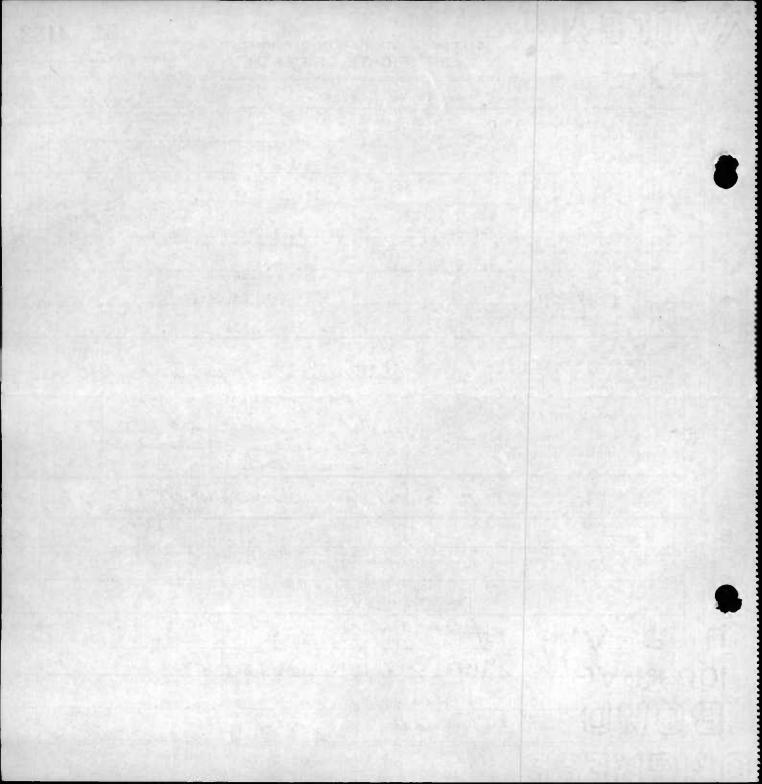
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9							OF DEATH		Register	ed No	
The	1. NAME OF DECEASED							1			
		ype or Print)		TID 0 01					2. DATE OF	0 30	252
ied	2	PLACE OF D	CATHERI	VE R. S	UNALL	11	4. USUAL RESIDE	NCF (W		ay 8, 19	
supplied.	A. Baltimore City, Maryland 115 Overhill Rd.						A. STATE		B. COUNT	Y b	efore admission)
sn	B. FULL NAME OF (If not in hospital or institution, give street address or location)						Md.c. CITY OR TOWN	(16	outside eorporate	limita muita l	DIIDAT and alon
A	INSTITUTION								Outside en porate	1 _ / /	township
5	1)	C				rs.	Baltimon		rural give location	11.	
d legi		Tonoth of a	tor in Doltinson)	los.					
		SEX	tay in Baltimore	7. SINGLE	I. MARRIED.	Days	115 Over		9. AGE (In year	rst If Under T Yea	or Il Under 24 Hours
ana		_	117	WIDOW	ED, DIVORCED (SI	pecify)			last birthday		ys Hours Min.
on ly	10	A USUAL OC	CUPATION (Givekind of		owed of Business o		Dec. 5, 187		76	1 12 CIT	IZEN OF
sh	worl	k done during most	of working life, even if retired)	100	INDUS						IAT COUNTRY
ion	13	Self B. FATHER'S I	NAME	Floris	t Business		Balto. Md.	DEN NA	ME	USA	
nat	'										
orn	15		ander Wolle	FORCEC	16. SOCIAL		Elizabeth	Stra	use		
inf	(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY N	10.	7. INFORMANT			ADDRESS	3
ses		No			No		Mr. Alex Su	wall	3 E. R	ead St.	
cau		/	0.0		CAU	SE OF	FDEATH		A		ERVAL BETWEEN SET AND DEATH
ite		. 10.00000	SE OR CONDITION LEADING TO DEA	ГН	0.	to	mala tie) ofre o	2000000	. 11	1 40 - 4
e t		(This does	not mean the mode oure, asthenia, etc. It mea	f dying, e. g	r., (A)	Nert.	and wrote	1496		0 /6	Jus. 1
Every item of information should be write the causes of death clearly and l		injury or	complication which	aused death	.) DUE TO	74	eart Dies	use		100	11792
-			ANTECEDENT CAUS	ES	/	11-	A-V Du	*	- 1	10-1	
INK.	TION	DISEASE	S OR CONDITIONS, I	ANY, GIVIN	(B)	HOG	1 01		44	7	*******************
Id	F RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ATOKAS - Udo							ug al	Jucke- a	lieg	
INC ns:	CA				(C)	an attac	k)	***************************************		***********************	
UNFADING Physicians: p	RTIFI		11		0 1 1	0	A . O		10:01-		. /
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54	Ü		ISEASE OR CONDITION	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7.1.1.1			· · · · · · · · · · · · · · · · · · ·	Hande	agen	
4 4	AL	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF	DPERA	TION			YE	O, AUTOPSY?
LY, WITH	U	21A. ACCIE	DENT WAS UNDER-	21B. PL	CE OF INJURY (e. g., in o	r 21c. WHERE D	ID (I	f in Baltimore C		
, Jour	ED	LYING OF	R CONTRIBUTING [about home,	arm, factory, street, office	bldg., etc.) INJURY OCCUP	R?			
lun!	Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCC	URRED	21F, HOW DID	INJURY	OCCUR?		
2		OF INJURY			WHILE AT NOT	WHILE	1				
PL				m.		ORK L	. 44	7	21/21/2		
_			y certify that I at	dia.				,	May 8		
TE		deceased a		_, 19,71	and that death o		ed at 1.10 Am.,	from the	he causes and		Stated above
VR.		23A. BIGITA	Tollow 1	Mas	10	1	103 St (f	and	24	230.	5/8/51
PLEASE WRITE correct age is esp	2.	4A. BURIAL.	CREMA- 248. DATE	IWC	M. D 24C. NAME OF CEN		OR CREMATORY	24D. LC	OCATION (City,	town, or eoun	
ASI et	TI	on, REMOVAL (Speeify) 5/10/	51	Granmannt	Mary	coloum	P-	74- 3/4		
Ere	D.	ATE RECEIVE	D BY REGISTRAR		Greenmonnt		SOLEUM I		lto. Md.	ADDR	ESS
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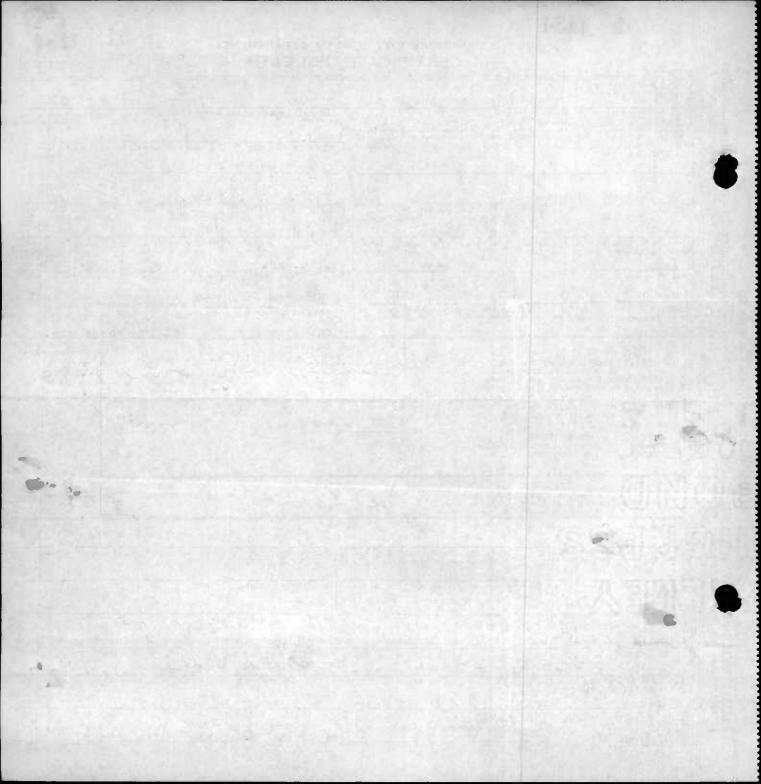


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	4184
7 77	

	5/57/1/1/2	CERTIFICATE	E OF DEATH	Registered No).————
	BIRTH NO.				
	1. NAME OF DECEASED (Type or Print)			2. DATE OF	
	HENRI	ICCA FREESEMAN		DEATH May	8, 1951
	3. PLACE OF DEATH: a. Baltimore City, Maryland 23	302 Lyndhurst Ave	4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	before admission)
	B. FULL NAME OF (If not in hospital	l or institution, give street address or	Ma.		,
	HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (II	f outside corporate limits,	
	100		Baltimore	15-	o 9 township)
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
	c. Length of stay in Baltimore	Mos. Days	2302 Lyndhurst	A 170	
	5. SEX 6. COLOR DR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years # W	nder 1 Year It Under 24 Hours
	73	WIDOWED, DIVORCED (Specify)			ths Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of	Single 108. KIND OF BUSINESS OR	Jan. 8, 1880	71	2. CITIZEN OF
	work done during most of working life, even if retired)	INDUSTRY	TI. DINTITIERCE (Deade of 1	meigh (manery)	WHAT COUNTRY
	Home	At Home	Balto. Md.		USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Jacob Freeseman		Johanna (Unk	nown)	
1	15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates		17. INFORMANT		DRESS
	NO		Mac Wilham Cari	L1 0700 7 11	1 3
	10 10	No CAUSE 6	Mrs. Milton Smi	on 250% Lymphi	INTERVAL BETWEEN
	100	A	OF DEATH		DNSET AND DEATH
	DISTASE OR CONDITION D	H Melac	statuc Caro	inoma.	12/8/~1
	(This does not mean the mode of heart failure, asthenia, etc. It mean	dying, e. g., (A)			10121-
	injury or complication which ca	used death.) DUE TD			
	ANTECEDENT CAUSE	es Cara		1 -	
	Z DISEASES OR CONDITIONS, IF	(B)	mona of	weapon	****
		STATING THE DUE TO			
	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	(C)			100
					9
	OTHER SIGNIFICANT CONDIT	IDT RELATED	heria		
	U TO THE DISEASE OR CONDITION				
		B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
	21a. ACCIDENT WAS UNDER-	Late Builds of things (1 212 1111 227 212	To a To the Color	YES ND
		21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., of	or 21c. WHERE DID (If in Baltimore City, giv	ve exact location)
	CAUSE OF DEATH				
	21D. TIME (Month) (Day) (Year) (OF INJURY	(Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
	OI, INSORT	m. WHILE AT NOT WHILE	7		
	22 I handle soutifully I I		78/ 1957 to 5	~/ 8/ 2005/	(1)
	22. I hereby certify that I atte		STREET, SQUARE, SQUARE		that I last saw the
	deceased alive on 3 / 7/	, 1957, and that death occur	3B. ADDRESS	he causes and on the	
	Leone a.	Banden M.D. 3	33 her ait &	364-	5/8/SV.
1	24A, BURIAL, CREMA 24B, DATE	24C. NAME OF CEMETER	RY DR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)
		0, 1951 Druid Ridge	p	ikesville. Md	
	DATE RECEIVED BY REGISTRAR'S		25. FUNERAL DIRECTOR		ADDRESS
	MAV O 105	my / thurship him	No A Tickney	love. Inc. h	allo ml
	-WAY 9 - 1951		The Granding of	ario dillo Di	
	VS 150				



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51 4185			51 4185			
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
1. NAME OF DECEASED (Type or Print)	imma Hopkin	3.	OF May 4, 1951			
HOSPITAL OR INSTITUTION	or institution, give street address or location) Fulton Ave. Yrs. Mos.	C. CITY OR TOWN (If out	re deceased lived, If institution: residence B. COUNTY before admission is ide corporate limits, write RURAL and g townsh al, give location)			
Female C	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	May 2, 1884 6	AGE (In years H Under Year H Under 24 He last birthday) Months: Days Hours M			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eyeo if retired) 13. FATHER'S NAME	10B. KIND OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN NAMI	ot Co. M. WHAT COUNTE			
15. WAS DECEASED EVER IN U. S. ARMED (If yes, give wer or dates of the control of	FORCES? 16. SOCIAL SECURITY NO.	Annie ? 17. INFORMANT Bennice Ste	anley. 1100 N. Fultor			
LEADING TO DEATI (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca ANTECEDENT CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDIT	(c)					
TRIBUTING TO THE DEATH, BUT N			20. AUTOPSY			
21A. ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	o or 21c. WHERE DID (If in	n Baltimore City, give exact location)			
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (OF INJURY	Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE m. WORK AT WORK		OCCUR?			
22. I hereby certify that I attedeceased alive on 3.	, 1931. and that death occur		causes and on the date stated abo			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) May 9,	, 1951 nt. Zio	~ Ia	ATION (City, town, or county) (State undedown, mds.			
LOCAL REGISTRAR	SIGNATURE WILLIAM OF THE STREET	Mrs Katis Reduall	Liums Schweder &			
VS 150		M	× 3a.			



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MARGIN RESERVED FOR BIND	PLEASE WRITE PY LY, WITH UNFADING INK. Every item of in	nysicians:
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The #		ND-147193	4186	BAI		EALTH DEPARTMENT E OF DEATH	51 Registered No	4186
	1.	NAME OF DECEAS		rence l	M. Hawkins		2. DATE OF May 6,	1951
supplied.		PLACE OF DEATH: Baltimore City, M	faryland			4. USUAL RESIDENCE (W		
Ins	В.	FULL NAME OF	If not in hospits	l or institut	ion, give street address or	Maryland		
À.	JN	ISTITUTION	4940 East		Hospitals location	Baltimore (If	outside corporate limits,	township)
and legibly.	c.	Length of stay in			Life Yrs. Mos. Days	D. STREET ADDRESS (If 1708 W. North A		
should be	5.	SEX 6. COL	OR OR RACE	7. SINGL WIDOV Marr	E. MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years Kun	der 1 Year hs: Days Hours Min.
on shoul	1 C	A. USUAL OCCUPAT A done during most of working	ION (Give kind of life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
atic	13	FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME	
NG orm dea	1.5	Frank Hawk				Maggie Blake		7
R BINDING em of information s causes of death cle	(Ye	. WAS DECEASED EVER s, no or unknown) (If ye	IN U.S. ARMED	of service)	16. SOCIAL SECURITY NO.	Records: 4940 Eastern Avenue		
RESERVED FO INK. Every its please write the	ATION	(This does not m heart failure, asth injury or compli	enia, etc. It mean cation which concerns caused CEDENT CAUS ONDITIONS, IF DVE CAUSE (A)	"H f dying, e. ns the disea aused deat ES F ANY, GIVI STATING T	g., (A) Cerel ge, be, be, be to (B)	OF DEATH	dent	1 Week
MARGIN UNFADING Physicians:	RTIFIC		11					
MA INF	CER	OTHER SIGNIF	E DEATH, BUT	NOT RELAT	ED Malienan	t Hypertension		2 Yrs.
-	L		RATION 3 1	35114t85	FINENCE WEISE	RATION		20. AUTOPSY?
LY, WITH important.	EDICA	10-11-50 21A. ACCIDENT, SU HOMICIDE (Spec	JICIDE.	218. PL	POCOTORY ACE OF INJURY (e. g., farm, factory, street, office bldg.		f in Baltimore City, giv	YES NO Ce exact location)
- 2	M	21D. TIME (Month) OF INJURY	(Day) (Year)		21E, INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		COCCUR?	
TE PY especia		22. I hereby cert			ueceuseu jioni	-29 , 19 51, to		that I last saw the
		deceased alive on	5-6	, 19_51.		rred at 4:20a m., from t. 23в. ADDRESS	he causes and on the	date stated above.
WR]		234. 3161441012	S. C	100		4940 Eastern Avenu	ne	5-7-51
	2 TI	AA. BURIAL, CREMA- ON REMOVAL (Specify)	248. DATE	1951	mt. a		OCATION (City, town, or	md
PLEASE correct a	D	ATE RECEIVED BY	REGISTRAR'S	S SIGNATI	L'autille 1	Ma Nath Bu	Illiam &	chireden St
		VS 150	The same	. (30)	780	8x	8	(3a

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11	51 4187	
	BALTIMORE CITY HE	EALTH DEPARTMENT 51 4187
	BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print)	2. DATE OF
	May V. E. Nellie Emm.	DEATH May 7-191-1
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or	
	HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	2817. Ailsa. Ave	Balto. City
	Yrs, Mos.	D. STREET ADDRESS (If rural, give Ideation)
	c. Length of stay in Baltimore Life Days	2817. A. 15a. Ava
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Months: Days Hours Min.
	t W married	Dec 7-1888 62
	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	AT Home lown. Home	Balto, Md. I U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Henry L. Barbour	Mary E. Sapp.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT / ADDRESS
	No I	Mr. Chas. W. Emmel. 2817. Ailsa. Ave.
	18. 3JOX	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CO D (1 7: 300
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	Glomerulone phritis 3 mos.
	injury or complication which caused death.) DUE TO	Uremia.
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) (B) (D) (D) (D) (D) (D) (D)	valiged arteriorderosis.
-	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	0	B:
	L (c) (ar)	KULSONS VISEASO 342A
	OTHER SIGNIFICANT CONDITIONS CON-	Quality De die
	TO THE DISEASE OR CONDITION CAUSING IT.	RATION 120. AUTOPSY?
	198. MAJOR FINDINGS OF OPER	YES NO Y
	U 214 ACCIDENT SUICIDE 218 PLACE OF INJURY (8.6.	n or 21c. WHERE DID (If in Baltimore City, give exact location)
	About home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
,	OF INJURY WHILE AT NOT WHILE MORK AT WORK	
	22. I hereby certify that I attended the deceased from and	2. , 1959to 5-7-, 1951 that I last saw the
		red at 7.30 pm., from the causes and on the date stated above
		23B. ADDRESS 23C. DATE SIGNED
	M.D.	3105 n. Charles St. 5-9-51
0	24A. BURIAL, CREMA 24B. DATE 124C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burial 5/10/5/ garusalen.	LuTh. Can. Baito. Md.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	MAY 9 = 1951	Lagralen Fundual Home 7401. Balain Rd.
	VS 150	
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In Swer 3105.n. Charles Hop 4246 3203, ale Care 11 2749 MARGIN RESERVED FOR BINDING

4188

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4188 Registered No.

13113

BI	RTH NO.							
1. (T	NAME OF Di		1464	72 -1- 22		2. DATE OF M	2 2072	
_			liiton	Blackwell			3,1951	
A.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence A, STATE B, COUNTY before admission			
	SPITAL OR			tion, give street address or location)	A CONTRACT	f antaida samaunta limi	its, write RURAL and give	
INSTITUTION PALLIMOTE TTY MOSPILIZIS					C. CITT OK TOWN	111	township)	
3	-	4940 East	ern Ave	nue Yrs.	Baltimore D. STREET ADDRESS (If	/ /	U Ross	
0	Length of st	tay in Baltimore		9 Yrs. Mos.	527 McMicken S	1 0 0	alen 90	
	SEX	6. COLOR OR RACE	7. SINGL	F MARRIED	A DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours	
A	1-1-	NT		VED, DIVORCED (Specify)	T. 7. Ob. 1000	last birthday) M	Ionths Days Hours Min.	
	ale	Negro	Separ		July 24,1909	41		
ork	done dyring most o	CUPATION (Give kind of working life, even If retired)	108. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY	
	Lab	vien	72	1971	Norfolk, Va.			
13	FATHER'S N	IAME	10	Slyn.	14. MOTHER'S MAIDEN N	IAME		
	Apalian	Blackwell (D)			Lucy Janes (Ja			
		D EVER IN U. S. ARMEE		I 16. SOCIAL				
Yea	, no or nnknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT Balti	more City Ho	spitals	
					Records: 4940	Eastern Aven	uė.	
	18. 59	2 X		CAUSE	OF DEATH		INTERVAL BETWEEN	
		E OR CONDITION	DIRECTIV				ONSET AND DEATH	
					Glomerular neph	m141m	1 V. D1.	
	(This does	not mean the mode o	of dylng, e.	g., (A) ORITORIE	s diomerdiar neph;	ritis	l Yr. Plus	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
		ANTECEDENT CALL						
,	ANTECEDENT CAUSES							
0	DISEASES OR CONDITIONS, IF ANY, GIVING			•••••••••••••••••••••••••••••	***************************************			
5	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			HE DUE TO				
ان	ONDERE	THIS CONDITION EX	1011					
RTIFICATION				(C)		***************************************		
Ę	OTHER S	II IGNIFICANT CONDI	TIONS CO	B1				
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD				
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	ISA. DATE O	of OPERATION V	98. MAJOR	FINDINGS OF OPEN	RATION			
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Σ	21p. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
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			m,	WORK AT WORK				
	22. I herch	y certify that I att	ended the	deceased from 4	-20 , 1951, to	5-3 . 19 4	51, that I last saw the	
		ive on 5-3			rred atl: 40p m., from	the causes and on	the date stated above	
	23A. SIGNAT		-, 10-14-,		238. ADDRESS	one causes and on	23c. DATE SIGNED	
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21	A. BURIAL, C	REMA- 248 DATE	//	M. D.	4940 Eastern Aver	OCATION (City town		
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE 1. NAME OF DECEASED (Type or Print) OF LAURA BLANEY May 7, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give 32 S. Curley Street Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos 32 S. Curley Street c. Length of stay in Baltimore Days 6 COLOR OR RACE 8. DATE OF BIRTH H Under 1 Year 5. SEX 7. SINGLE, MARRIED 9. AGE (In years | M Under | M Under 24 Hours last birthday) | Months: Days | Hours | Min. H Under 24 Hours WIDOWED, DIVORCED (Specify) Female White Widowed 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)

NOUSEWITE WHAT COUNTRY? INDUSTRY Cecil County, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Ayers Carrie Summers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dutes of service) (Yes. no or unknown) SECURITY NO. Curley St. Alfred J. Blaney, 32 S. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, with coronary artery disease injury or complication which caused death.) ANTECEDENT CAUSES Diabetes mellitus DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO X (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4G. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) Baltimore, Maryland burial Oak Lawn Cemetery

important. especia Д PLEASE WRITE correct age is esp

DATE RECEIVED BY

LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

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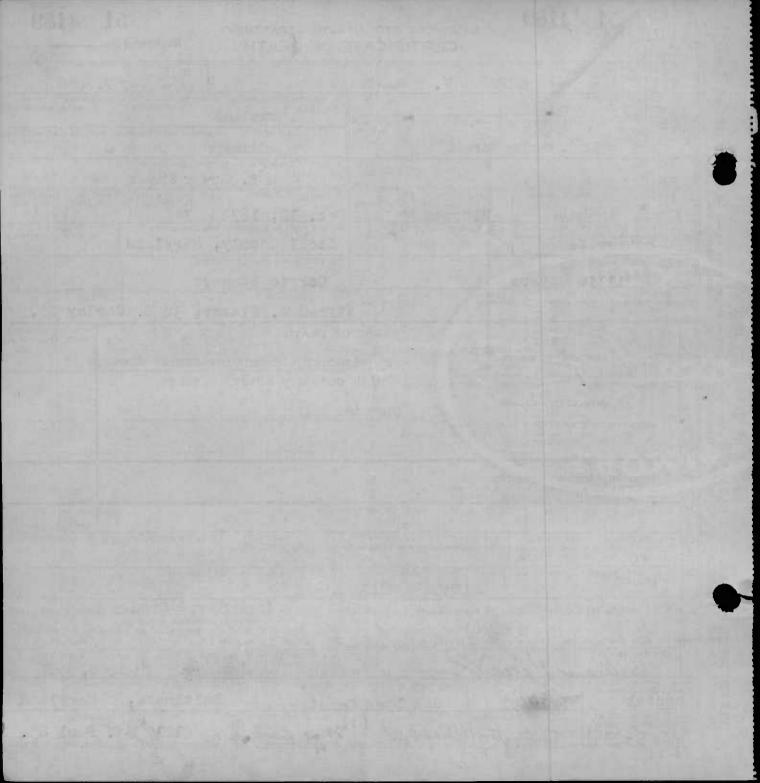
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25. FUNERAL DIRECTOR

1217 St. Paul St.

ADDRESS

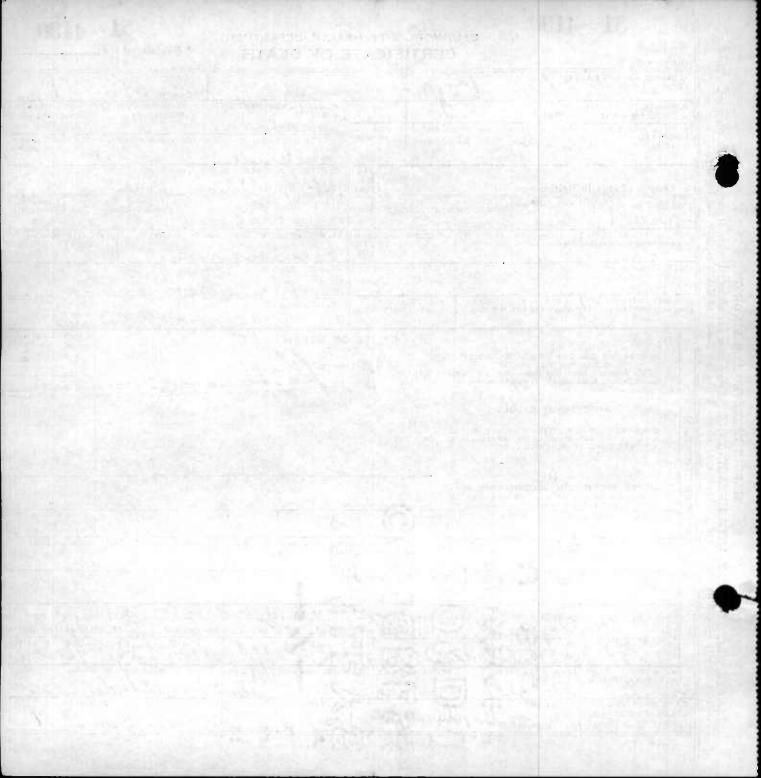


Registered No. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) AGE (In years) ff Under 1 Year If Under 24 Hours Months Days last birthday) Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES NO (If in Baltimore City, give exact location)

that I last saw the

DATE SIGNED

(State)



FOR BINDING

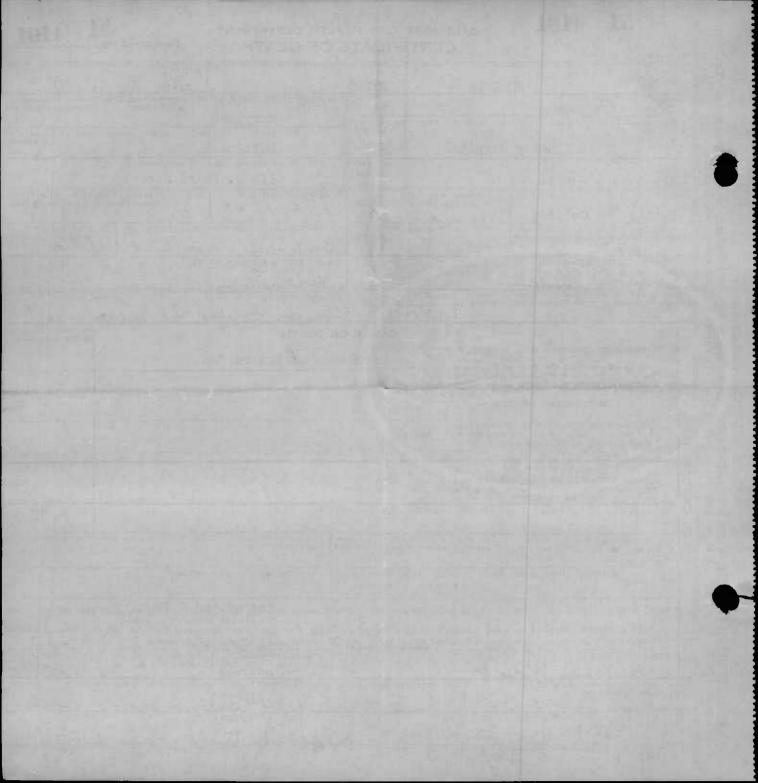
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BALTIMORE CITY HEALTH DEPARTMENT

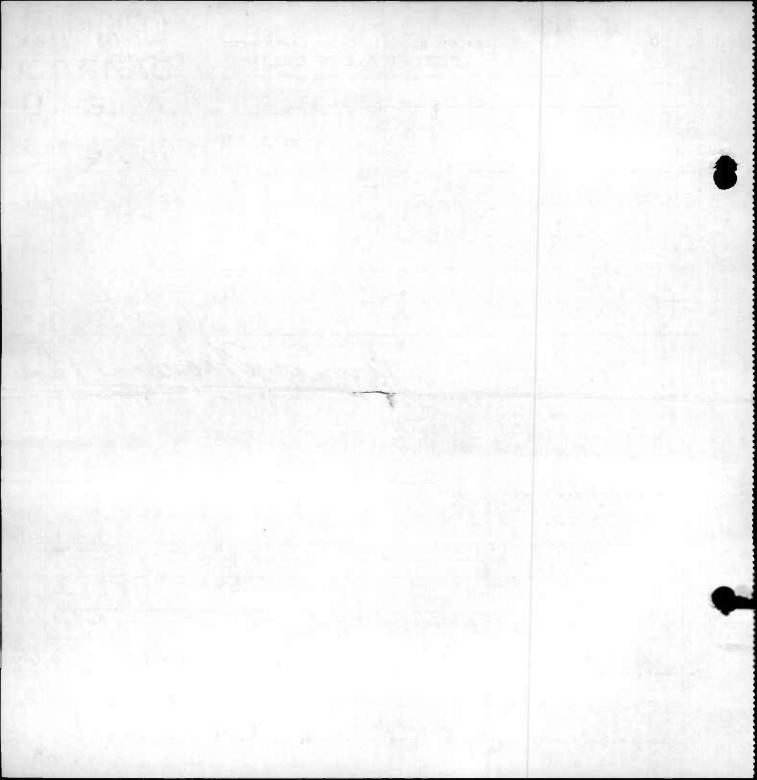
S1 Registered No. 4191

BI	RTH NO.		C	EKTIFICATI	OF DEATH	21287220	
1.	NAME OF DECE	ASED				2. DATE	
(T;	ype or Print)	MC	LINDA	MYERS		DEATH Ma	ay 8, 1951
	PLACE OF DEAT				4. USUAL RESIDENCE A. STATE	(Where deceased lived,	. If institution : residence before admission
	Baltimore City		al or institution.	give street address or	Marylan		perore aumission
HO	OSPITAL OR	(2.000000000000000000000000000000000000	,	location)			mits, write RURAL and giv
11/4	STITUTION	Mercy	Hospital		Baltimo	ore 4-	6 2 township
П	1			Yrs.	o. STREET ADDRESS	(If rural, give location)	
c.	Length of stay	in Baltimore		Mos. Days	116 N.	Pearl Street	t
		OLOR OR RACE		IARRIED,	8. DATE OF BIRTH	9. AGE (in years	If Under I Year If Under 24 Hours
	Female	Colored		DIVORCED (Specify)	11-12-1874	76	Months Days Hours Min
)	A. USUAL OCCUP	ATION (Give kind of	10B. KIND OF	BUSINESS OR	11. BIRTHPLACE (State of		1 12. CITIZEN OF
rk	done during most of wor	11 1		INDUSTRY	Baltimure	maryland	WHAT COUNTRY
3	. FATHER'S NAM	E			14. MOTHER'S MAIDEN		100071
-	90000	011.					
5	. WAS DECEASED E	VER IN U. S. ARMET	FORCES? 10	S. SOCIAL	genkneren.		ADDRESS
Bi	e, no or unknown) (f yes, give war or date	of service)	SECURITY NO.	TY: THE ORIGINAL	a agu D	
ī		,		None		ers 824 Pee	vee sheet
1	18. 154	X		CAUSE	OF DEATH		ONSET AND OEAT
		OR CONDITION ADING TO DEA		Comoi	noma of the rec	toom	
ı	(This does not	mean the mode of sthenia, etc. It mea	of dying, e.g.,	(A)	noma of mie iec	······	
1	injury or con	plication which	eaused death.)	OUE TO			
	AN'	FECEDENT CAUS	ES				
.				(B)	***************************************	*** ****** ****************************	
	RISE TO THE .	R CONDITIONS, IS ABOVE CAUSE (A)	STATING THE	OUE TO			
2	UNDERLYING	CONDITION LA	ST.	(C)	***************************************		
1		II IFICANT CONDI					
1		THE DEATH, BUT		***************************************			***************************************
آد	19A. DATE OF O			NDINGS OF OPER	ATION		20. AUTOPSY?
4							YES NO 3
	21A. EXTERNAL UNDERLYING	CAUSE WAS		OF INJURY (e. g., in factory, street, office bldg., e		(If in Baltimore City	y, give exact location)
	UTING CAU						
2	210. TIME (Mon	th) (Day) (Year)	(Hour) 21E	INJURY OCCURRI	ED 21F. HOW DID INJU	IRY OCCUR?	
1	OF INSORT		m. WHIL				
	22. I certifu t	hat I took char			bove, held an Inspec	tion & Inqui:	TV thereon and from
-1					Autops	y. Inspection or Inqui-	rv
П	and death	in my opinion	said Autopsi	y, Inspection or I	nquiry, find that said	deceased died on	the day stated above
1	23A. SIGNATUR		1)-	v. Havirae carre	238. CHIEF MEDICA		23c. DATE SIGNED
1	Will	4000 110h	- War	M	D. MEDICAL INVESTIG	L EXAMINER	May 8, 1951
24	A. BURIAL, CREM	A- 24B DATE	240			LOCATION (City, to	
1	Buse of Species	5-11-	51 1.	Partie ano.	wereal Park B.	Ote in Com	4 moulant
	TE RECEIVED B		SSIGNATURE	Janus Har	25. FUNERAL DIRECTOR	R	ADDRESS /
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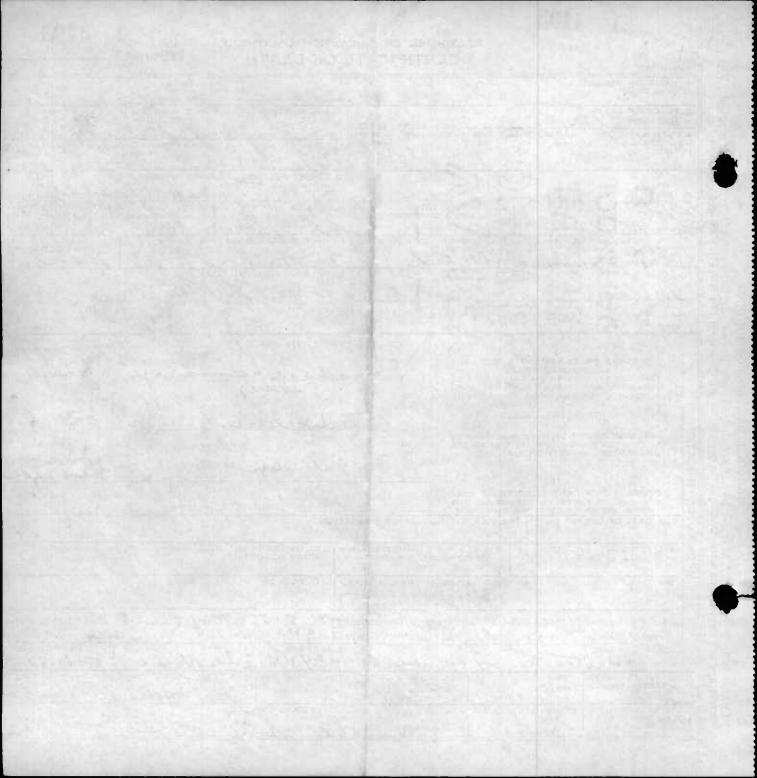


	11 .	51 4192		
The (EALTH DEPARTMENT E OF DEATH	Registered No. 4192
	(T	NAME OF DECEASED Somuel Serio PLACE OF DEATH:		DATE OF May 8-1951
supplied.	A. B.	Baltimore City, Maryland Solling Was	1. STATE Maryland	deceased lived. If institution: residence B. COUNTY before admission
N.		OSPITAL OR STITUTION 3/8 N. Para Street location	Baltimore	de corporate limits, write RURAL and giv
e c		Length of stay in Baltimore 35 yrs. Most	318 n. Paca	
should be early and l	-	male white manual (Specify	aug 19-1859	AGE (In years 11 Under 1 Year 11 Under 24 Neurs Inst birthday) Months: Days Hours Min
on shou clearly	wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY)	_ clates	12. CITIZEN OF WHAT COUNTRY
NDING information of death cl		Vencent Serio	14. MOTHER'S MAIDEN NAME	Nicselle.
R BINDING	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? In or unknown) (If yea, give war or dates of service) SECURITY NO.	Peter Saia	318 N. Paca St.
FO y ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) (A) DUE TO	onang The	Aubons how
RESERVED INK. Ever please write	Z	ANTECEDENT CAUSES	/	
779	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN UNFADING Physicians:	RTIFI	OTHER SIGNIFICANT CONDITIONS CON-		
M UN Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
WITH rtant.	AL	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
LY, WITH	1EDIC.	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		Baltimore City, give exact location)
-	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT WORK NOT WHILE AT WORK		CUR?
TE P especia		22. I hereby certify that I attended the deceased from med deceased alive on 195 and that death occu	ay, 1, , 1957, to	, 19, that I last saw th
RI			23B. ADDRESS the calle	Toffle, 23c. DATE SIGNED
PLEASE W	24 TJ	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N. REMOVAL (Specify) Pural May 11-1951 New Cather	ial Old 4	rederick Rd Balto Alde
PLE		TE RECEIVED BY CAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	313 Greenmant Que
		WINS 180 1331	66A	94a

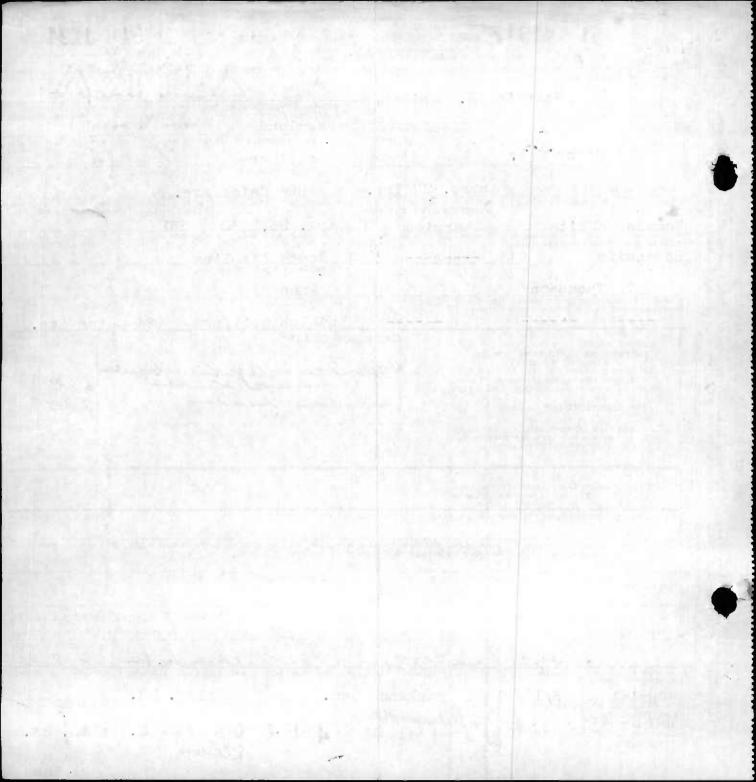


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		correct age is especially important. Physicians: please write the causes of death clearly and leging
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	155	BALTIMORE CITY HE	EALTH DEPARTMENT	51	4193
В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No	
	NAME OF DECEASED	M. Hall	men	2. DATE OF DEATH MALE	,71951
	. PLACE OF DEATH. Baltimore City, Maryland	968 Tolacondo Mas	4. USUAL RESIDENCE (V		titution: residence before admission
B.		(al or institution, give street address or location)		outside forporate limits,	nore
1)0	Yrs.	D. STREET ADDRESS (If		18
C.	Length of stay in Baltimore	65 yrs/ Non	1/11/05/		enne
	Phase White	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		det I Year II Under 24 Hours hs Days Hours Min.
WOL	DA. USUAL OCCUPATION (Givekindol) Ledone during most of working life, even if retired	108 KIND OF BUSINESS OR	TV. BIRTHPLACE (State or fo	preign country)	2. CITIZEN OF WHAT COUNTRY
15	GUNA Jalesma	Grat Pather Bus	14. MOTHER'S MAIDEN N.		W.S. a.
	William II.	To huan	Jaura W.	Made	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARME en, no or unknown) (If yee, give war or date	D FORCES? 1 16. SOCIAL	17. INFORMANT	ADI	PRESS
	18. 330X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA		, ., 1.	/	3 / and
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	of dying, e.g., (A)	(Severe)	imon ha je	s days.
z	ANTECEDENT CAU	ses (B)	Terloselene		?
NOIL	DISEASES OR CONDITIONS,	F ANY, GIVING		***************************************	1 year
ICA	UNDERLYING CONDITION L	AST.	pertensia.		from my
ERTIFICA	OTHER SIGNIFICANT COMP	(C)		•	primer.
CEF	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
		198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., is about home, farm, factory, street, office hidg., c		f in Baltimore City, giv	YES NO A
Σ	21D. TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	m. WHILE AT NOT WHILE			
		tended the deceased from			
	deceased alive on May 7	, 1957, and that death occur	rred at	he Causes and on the	date stated above
	Milton 2	- Tomare M. D.	4843 Vack He	egs he	5-1-51
TIC	4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OFATION (City, town, or	(State)
D		S SIGNATURE	25. FUNERAL DIRECTOR	Elemore fl	DDRESS /
V	IAY 9 - 1951	inter Helliques May	ming An	5005/	Mothe
	Vs 150	and the state of the second			83a

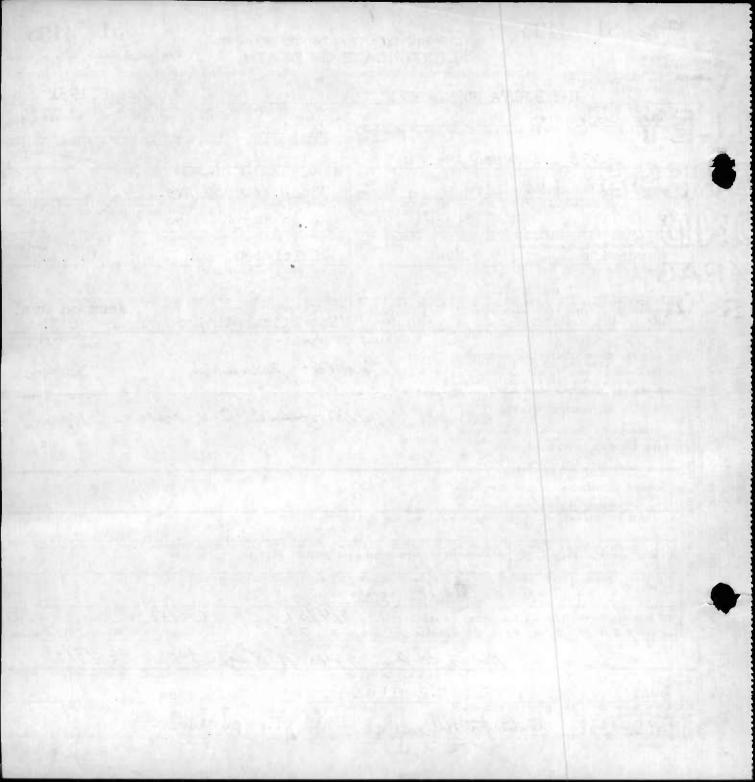


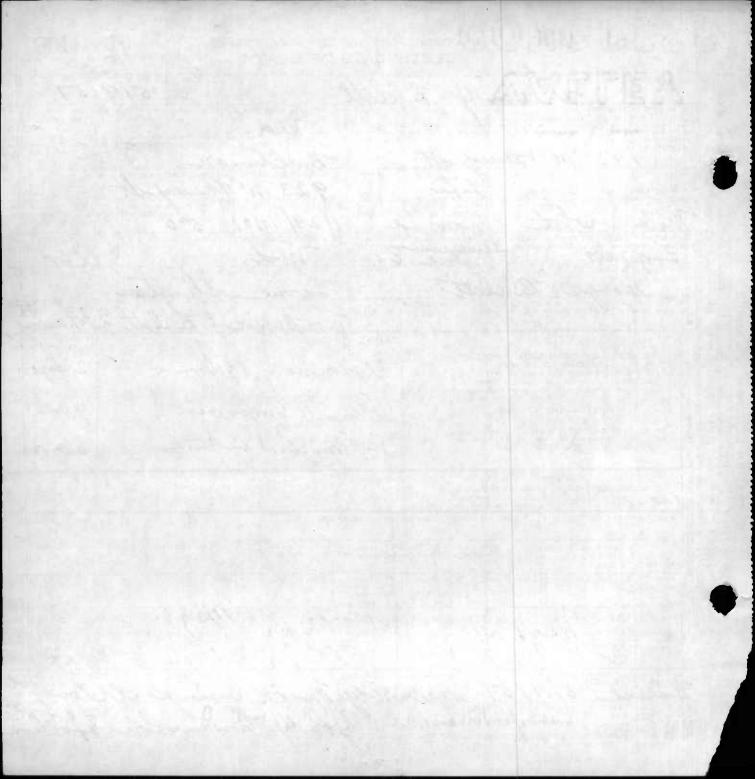
L	112	51 419		TIMORE CITY HI			51 Registered	. 419	4
В	IRTH NO.			CERTIFICAT	E OF DEATI	H	Registered	110	
	NAME OF D Type or Print)				2. DATE OF				
	PLACE OF D Baltimore (Georg EATH: City, Maryland	10 A.	Geilfuss	4. USUAL RESIDENCE (Where deceased lived. If institution: resid A. STATE B. COUNTY before adj				esidence admission
H	OSPITAL OP			ion, give street address or location)	or Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL)				
1	824 Cator Ave.				Baltimor		7-0	1.	township
				Yrs.	o. STREET ADDRE				TE T
	Length of s	tay in Baltimore 6.COLOR OR RACE		27 YrsDays	824 Ca	tor Av	8.		
	SEA	O. COLOR OR RACE		E, MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH		AGE (In years last birthday)	If Under Year Ionths Days H	Under 24 Hours lours : Min
1 10	A. USUAL OC	White CUPATION (Give kind of f working life, even if retired)	10B. KIND	of Business on	Aug. 26.1	880 State or foreign	70 n country)	12. CITIZEN	1 OF
	Housewil	Ce e		INDUSTRY	_South Ca	rolina		WHAT	COUNTRY
1	PATHERS				14. MOTHER'S MA	IDEN NAME			
10	WAS DECEASE	Thompson D EVER IN U. S. ARME	D FORCES	1 15 500111	Anna ?)			
(Ye	m, no or unknown)	(If yes, give war or date	e of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
-	18. ////				Rudolph Ge	ilfuss	824 (Cator A	Ve.
FICATION	heart failus injury or DISEASES	not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUSTON CONDITIONS, INTERPOLATION CAUSTON CONDITION LA	ns the disease aused death SES F ANY, GIVIN STATING TH	Par. (B)	Unsian Concerna	ardis Lais itans	-vaseur	6 YA 3 YA	
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0				FINDINGS OF OPER	ATION			20. AU	TOPSY?
CAL		0		The last and				YES	No [
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i srm,fsctory,street,office bldg.,			Baltimore City,	give exact loc	ation)
	21D. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		INJURY OC	CUR?		
	22. I hereby	ive on Mar			red at 12:15Pm.	o, to ma	y 7, 195 nuses and on	Z, that I las	it saw th
	23A. SIGNAT	TURE LINE	100	las 2	2002 D		10	23c. DATE	SIGNED
2. TI	4A. BURIAL, C ON, REMOVAL (S	REMA- pecify) 24B. DATE	C. 240	NAME OF CEMETE	RY OR CREMATORY	240. LOCA	TION (City, tow	n, or county)	(State)
-	Burial		51	Parkwood C			to. Md.		
L	ATÉ RECEIVE	RAR REGISTRAR	SSIGNATU	Minus Mill	Z5. FUNERAL DIRI		7000 1	ADDRESS	
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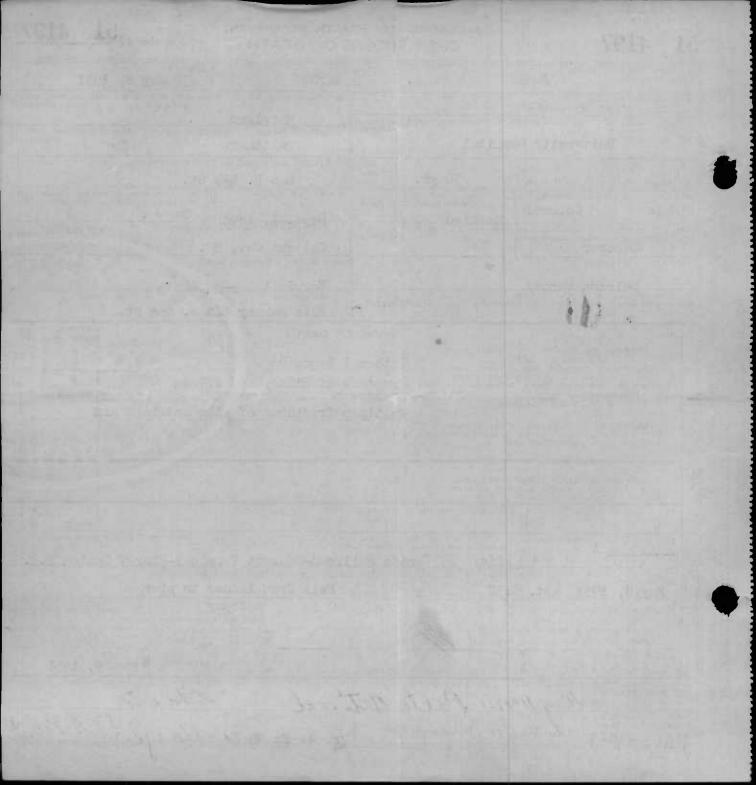


information should be d	of death clearly and legrory.
information should be	of death clearly and l
very item of	ite the causes
ITH UNFADING INK. E	int. Physicians: please wr
EASE WRITE P. ILY, W.	correct age is especially important. Physicians: please write the causes of death clearly and legical
	PLEASE WRITE P. LY, WITH UNFADING INK. Every item of information should be of

	51 4195 BALTIMORE CITY HI	EALTH DEPARTMENT 51	
0	BIRTH NO. CERTIFICAT	E OF DEATH Registered No	
	1. NAME OF DECEASED (Type or Print) MARGARETA HORNBERGER	2. DATE OF MAY 6	5,1951
	3. PLACE OF DEATH: A. Baltimore City, Maryland	DEATH PLOY (4. USUAL RESIDENCE (Where deceased lived. If in: A. STATE B. COUNTY	
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland	write RURAL and give
	736 N. Kenwood Ave.	Baltimore D. STREET ADDRESS (If rural, give location)	Lownship
	c. Length of stay in Baltimore Life Days	70/ N X	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W10.0W	8. DATE OF BIRTH NOV. 20, 1871 9. AGE (In years flunder) Monti	der I Year II Under 24 Hours has Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) HOUSEWITE None	Baltimore, Md.	2. CITIZEN OF WHAT COUNTRY U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JANSSEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service) NO	17. INFORMANT Ket	nwood Ave.
	Tone Hone	Miss Elizabeth Hornberger	1736 N.
	DISEASE OR CONDITION DIRECTLY	or death	3 days
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Prioscleratii C. V. disease	1 year
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1	194 DATE OF OPERATION - 198 MAJOR FINDINGS OF ORES	RATION	20. AUTOPSY?
	TALL OF SECULIAR SECU		YES NO
	LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg.,		e exact location)
	Zid. Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that, I attended the deceased from	5/4/51, 19 /to 5/6/51, 19 ,	that I last saw the
		rred at 7.10 P.m., from the causes and on the	date stated above.
	23A. SIGNATURE B. Mores M.D	448 n. Lugerne auc.	5/7/5
	24a. BURIAL. CREMA- 24B. DATE 24c. NAME OF CEMETE 10N. REMOVAL (Specify) Burial May 9,1951 St. Paul's C	emetery Baltimore, Md.	county) (State)
	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE. MAY 9 - 1951		DDRESS
	VS 150		93)





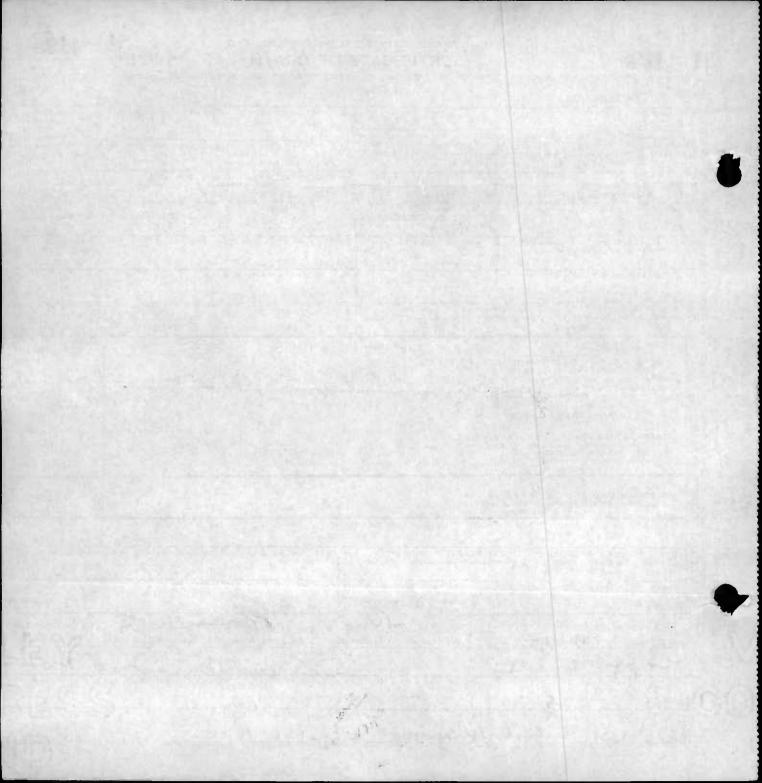


650
1. NAME OF DI (Type or Print)
B. FULL NAME OHOSPITAL OR INSTITUTION
c. Length of st
~ 1

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4198

BIK	IH NO.							
	AME OF DI	ECEASED MARY	BROWN			2. DATE OF	/== ' %	
S. PLACE OF DEATH: A. Baltimore City, Maryland ·					4. USUAL RESIDENCE	E (Where deceased lived, If		
	ULL NAME		al or institut	ion give street address o		B. COUNTY	before admission)	
HOSPITAL OR location)						(If outside corpor te limi)	s write RIGAT, and give	
INS.	TITUTION	752 W. FRAN	KLIN	ST			township)	
- 6				Yrs.	D. STREET ADDRESS (If rural, give location)			
77				Mos.	D. SIREEI ADDRESS			
	c. Length of stay in Baltimore 30yrs Days				752 W. FRANKLIN ST			
5.5	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec			8. DATE OF BIRTH	9. AGE (In years Mo	under I Year If Under 24 Hours nths: Days Hours Min.		
I				OWED	6/22/1885	65		
10A. USUAL OCCUPATION (Give kind of OB, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY					11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	look	· · · · · · · · · · · · · · · · · · ·	Dome	estic	NORTHIMBERLA	ND COTTMINY WA	TT C A	
	13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
	TARREC C	ארת דותות			OT THE PARTY OF TH			
	JAMES CONNLEY 15. WAS DECEASED EVER IN U. S. ARMED			16. SOCIAL	CHEMIENULAN			
(Yes, 1	no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	Al	DDRESS	
	NO	NO		NONE	JEANNETTE S	TIVA(D)752 W	A STATE OF THE PARTY OF THE PAR	
1	8. 490X CAUSE O				OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO								
							the hast	
	[188]							
	ANTECEDENT CAUSES							
O	DISEASES OR CONDITIONS, IF ANY, GIVING							
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)								
<u>-</u>								
ERTI	OTHER SIGNIFICANT CONDITIONS CON-							
山	TRIBUTING TO THE DEATH, BUT NOT RELATED							
0 -	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO				PATION		20, AUTOPSY?	
							YES NO	
0 -	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)							
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
OF INJURY WHILE AT NOT WHILE T								
22. I hereby certify that I attended the deceased from 1967 to 2004, 1967, that I last s								
							, that I last saw the	
		recased alive on Dec. 4. 19 1 and that death occurred at 2 All m., from the causes and on the date stated above						
	23A. SIGNAT	URE			23B. ADDRESS	15_Arlington	23c DATE SIGNED	
	WH	て、いる	I	M.D.	3.13 / 6	Intra av	5-7-51	
24A	BURIAL, C	REMA- 24B. DATE		24c. NAME of CEMETI	ERY OR CREMATORY 24	DECATION (City, town,	or county) (State)	
BIII	REMOVAL (S)	5/0/57	11.5	MT ATRIBN	CEMETERY B	ALTO, MD		
	E RECEIVED		S SIGNATU	JRE	25. FUNERAL DIRECT		ADDRESS	
	AL REGISTE	RAR	ton No	11 contraction			TITA TEOR TEOR	
M	AT 9 - 1	198 June	ALV IN	manua (ALE)	CHARLES Q. (1)	OPER-512 CAR	KOPPION HAD	
	VS 150	1		72	C- 4		100	
1			f 10 ×	726	O P4		108	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE ORRIS Fauntleroy OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) ('f not in hospital or institution, give street address or B. FULL NAME OF Maruland HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hosp. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c Length of stay in Baltimore Darra Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | If Under I Year information should be of death clearly and l last birthday) | Months: Days Hours: Min. Divorced 77/77/7077 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Conner Plant Tancactor. TI C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Fauntlerov Cora Tomlin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or unknowe) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or unknowo) SECURITY NO. No Cora Fauntlerov (" " Calhoun uses of INTERVAL BETWEEN CAUSE OF DEATH Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Dound of Chest LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) Involving Heart with ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE 10 Hemorrhage into Chorlanty UNDERLYING CONDITION LAST. UNFADING Physicians: p RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION HLI LY, WITH important. DICAI 21c. WHERE DID 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 400 block of Fremont Avenue Street 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED May 6, 1:00 A . m. Sharp instrument WORK WRITE PD 22. I certify that I took charge of the remains described above, held an _ MUTOPSY thereon and from Autopsy Anspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide ⋈, undetermined □. 23A, SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR 24c, NAME OF CEMETERY OR CREMATORY

REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

238. CHIEF MEDICAL EXAMINER.....

LOCAL REGISTRAR 9 0 151

Burial DATE RECEIVED BY

has. G. Cooper-512

Carrollton

ADDRESS

PLEASE W.

BINDIN

FOR

RESERVED

MARGIN

Complete wheel to

REGISTRAR'S SIGNATURE

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

12. CITIZEN OF WHAT COUNTRY? INTERVAL RETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) . 19 that I last saw the Im., from the causes and on the date stated above. 23c. DATE SIGNED

before admission)

M Under 1 Year

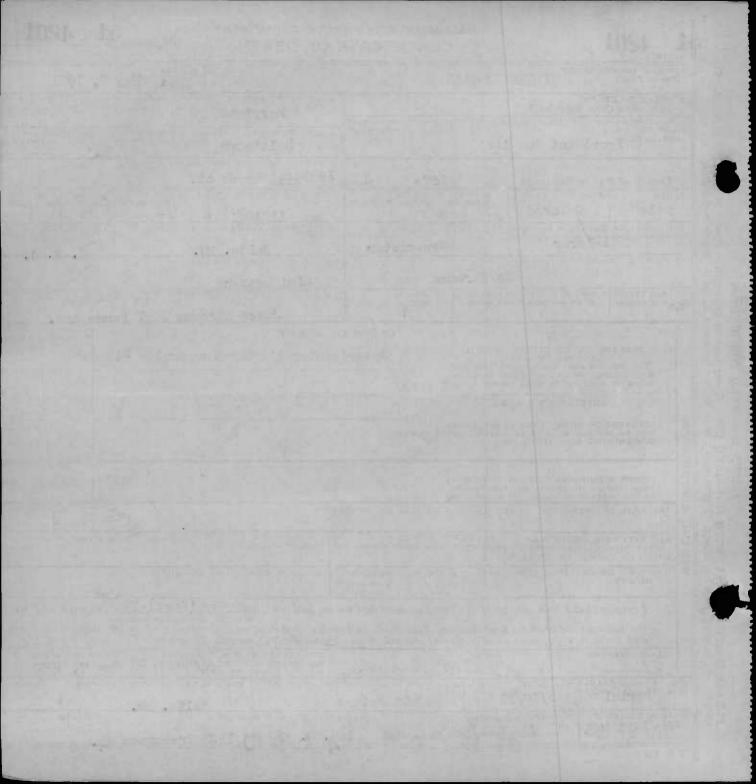
THE VERY OUT THE PARTY OF with the second second second second second second en Tarans 18:20 Cabel Warming MARGIN RESERVED FOR BINDING

PLEASE WRITE IN NLY, WITH correct age is especially important.

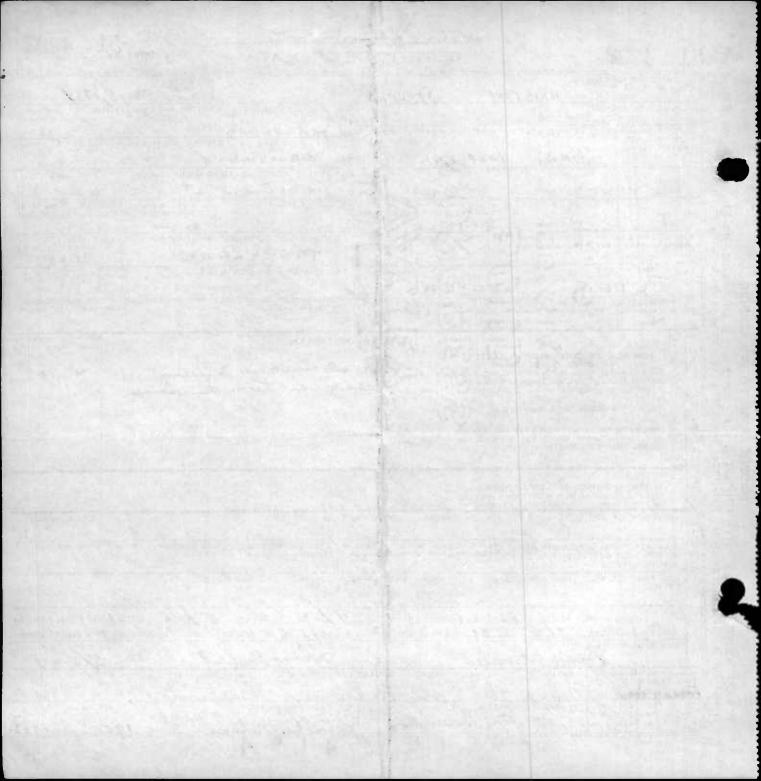
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4201 Registered No.

1. NAME OF DECEASED WALTER STREAMS						2. DATE OF DEATH	May 7, 19	51	
Α.	PLACE OF D Baltimore (City, Maryland	-1 i		A	. USUAL RESIDENCE (W . STATE Maryland			: residence forc admission)
B. FULL NAME OF Of not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Provident Hospital					Baltimore (If	outside corporar	timi Ovrite it	RAL and give township)	
C.	Length of s	tay in Baltimore	HIE	T.S.P.		street address (if 14231518 Bruce S		on)	
5.	Male Male	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Sp.	8	. DATE OF BIRTH	9. AGE (In yea	mrs H Under Year y) Months Day	H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Contractor			TRY 1	1. BIRTHPLACE (State or fo		12. CITI WHA	ZEN OF		
13	FATHER'S		Vm Stre		1	4. MOTHER'S MAIDEN NA		· U.	Se Ae
(X4	no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY N	0.	7. INFORMANT James Str	Acme 2227	ADDRESS	
ERTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					sclerotic Cardio	Jvasculai	-136356	
O	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER					ION		20.	AUTOPSY?
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.					21c. WHERE DID (III	in Baltimore (
ME						21F. HOW DID INJURY	OCCUR?		
	22. I certify that I took charge of the remains described at the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes				r Ing	Autopsy, I uiry, find that said de	nspection or Inc ceased died o □, homicide	in the day s \Box , undeterm	ined [].
-24	A. BURIAL C	en X.	Um	Laclu- 24c. NAME OF CEM	M.D.	ASSISTANT MEDICAL E	XAMINERX	May 7,	1951
TIC	ON, REMOVAL (S	^{pecify} 5/10/5	31	St Pet	ers		Balto. Md		
LC	MAY 9	BY REGISTRAR'S	1 . 12 (1	liquie, Mills		FUNERAL DIRECTOR 6 Kelson 130	3 Presstm	ADDRES	S
17	C 161				- 4				



51 _{RTH} 1202				CERTIFICATE OF DEATH Registered No. 1 42		
1. NAME OF DECEASED (Type or Print) C HRISTINE		CHRIS	TIME STEVENS		2. DATE OF DEATH May 8, 195 \$	
	Baltimore	City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, if institution: residence B. COUNTY before admissi	
	FULL NAME	OF (If not in hospi	tal or institution, give street address of	MARYLAND		
	NSTITUTION	SINAI	HOSPITAL location		outside corporate librits, write HUBAL and towns	
JINA, 70		JINHI		Yrs. D. STREET ADDRESS (If rural, give locate		
0	Length of s	stay in Baltimore	Mos.	631 Enger		
_	SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years) If Under 1 Year If Under 24 H	
	F	W	WIDOWED, DIVORCED (Specify		last birthday) Months Days Hours M	
10	A. USUAL OC	CUPATION (Give kiedo	1 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12. CITIZEN OF	
wori	k coneduring most	of working life, even if retired	INDUSTRY	MARYLA	MINIST COLUMN	
13	B. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	PET	FR	STEVENS	A 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
15 (Yes	MAS DECEAS	ED EVER IN U. S. ARME (If yee, give war or date	D FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS	
(No	(11) 40) 11 0 1 1 1 1	es of service) SECURITY NO.			
	18. 35	5 X .	CAUSE	OF DEATH	INTERVAL BETWEE ONSET AND DE	
	DISEAS	SE OR CONDITION			ONSE! AND DE	
	(This does	LEADING TO DEA	of dying, e.g., (A)	e avous e	witam 4 yes	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) (A) (B) (DUE TO						
ANTECEDENT CAUSES					desans	
				azaracine.	decare	
NO	DISEASE	ANTECEDENT CAU	SES (B)	a generative.		
TION	RISE TO T		SES (B)			
ICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, I	SES (B) IF ANY, GIVING STATING THE DUE TO AST,			
TIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, IN THE ABOVE CAUSE (A) FYING CONDITION L.	SES (B) IF ANY, GIVING STATING THE DUE TO AST. (C)			
ERTI	OTHER S	ANTECEDENT CAUS S OR CONDITIONS, INTERPRETATION LANGE CONDITION LANGE CONDITION LANGE CONDITION LANGE CONDITION COND	SES IF ANY, GIVING STATING THE DUE TO AST, (C)			
RTI	OTHER S TRIBUTING	ANTECEDENT CAUS S OR CONDITIONS, INTERPRETATION LANGE CONDITION LANGE CONDITION LANGE CONDITION	SES IF ANY, GIVING STATING THE DUE TO AST, (C) ITIONS CON- NOT RELATED N CAUSING IT.			
L CERTI	OTHER S TRIBUTING	ANTECEDENT CAUS S OR CONDITIONS, INTERPRETATION LANGE CONDITION LANGE CONDITION LANGE CONDITION	SES IF ANY, GIVING STATING THE DUE TO AST, (C)			
EDICAL CERTI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING O	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION L. SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION DEFORMATION DEFORMA	SES IF ANY, GIVING STATING THE DUE TO AST, (C) ITIONS CON- NOT RELATED N CAUSING IT.	RATION	20. AUTOPSY	
DICAL CERTI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION L. SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION DEFORMATION DEFORMA	IF ANY, GIVING STATING THE DUE TO AST. (C) ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., 1 about home, ferm, factory, street, office bidg.,	RATION in or 21c. WHERE DID (I otc.) INJURY OCCUR?	20. AUTOPSY YES NO f in Baltimore City, give exact location)	
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EDICAL CERTI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY	ANTECEDENT CAUS S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION L. SIGNIFICANT CONDITION L. STO THE DEATH, BUT ISEASE OR CONDITION DEFORMATION DEFORMATIO	IF ANY, GIVING STATING THE DUE TO AST. (C) ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, ferm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	RATION in or 21c. WHERE DID (I otc.) INJURY OCCUR? EED 21f. HOW DID INJURY	20. AUTOPSY YES NO If in Baltimore City, give exact location)	
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EDICAL CERTI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY	SOR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION L. SIGNIFICANT	ITIONS CON- NOT RELATED CAUSING IT. 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i shout home, ferm, factory, street, office bldg (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK tended the deceased from 1951. and that death occur.	RATION in or 21c. WHERE DID (I injury occur? ED 21f. HOW DID INjury DID inj	20. AUTOPSY YES NO If in Baltimore City, give exact location)	
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MEDICAL CERTI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OI CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased at 23A. SIGNA 4A. BURIAL. ON, REMOVAL (S	SOR CONDITIONS, I'VE ABOVE CAUSE (A) FING CONDITION L. SIGNIFICANT COND STO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year OF CREMA- SPECIFY THAT I at: STURE OF CREMA- SPECIFY DEATH DEATH DEATH OF OPERATION OF OPERATIO	ITIONS CON- NOT RELATED CAUSING IT. 21B. PLACE OF INJURY (e. g., i about home, ferm, factory, street, office bldg (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK tended the deceased from 19 51. and that death occur	RATION in or 21c. WHERE DID (I injury occur? EED 21f. HOW DID INjury 21f. How DID In	20. AUTOPSY YES NO If in Baltimore City, give exact location) OCCUR? Solution A contract of the state of the causes and on the date stated about the date stated about 23c. DATE SIGN	



20. AUTOPSY? (If in Baltimore City, give exact location) William and York St. 21F. HOW DID INJURY OCCUR? 12:30 Pm. 22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident X, suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 5/11/51 Mt Calvary A. A. Co.,

25. FUNERAL DIRECTOR

Registered No.1

B. COUNTY

DEATH May 7, 1951

before admission)

URAL and give

township)

ff Under 24 Hours

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF

ADDRESS

ADDRESS

2. DATE

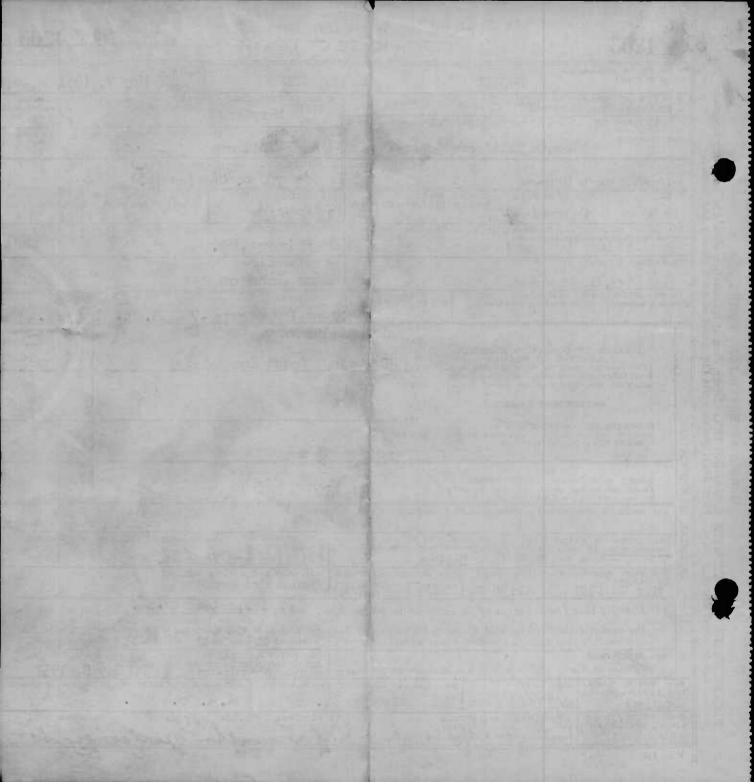
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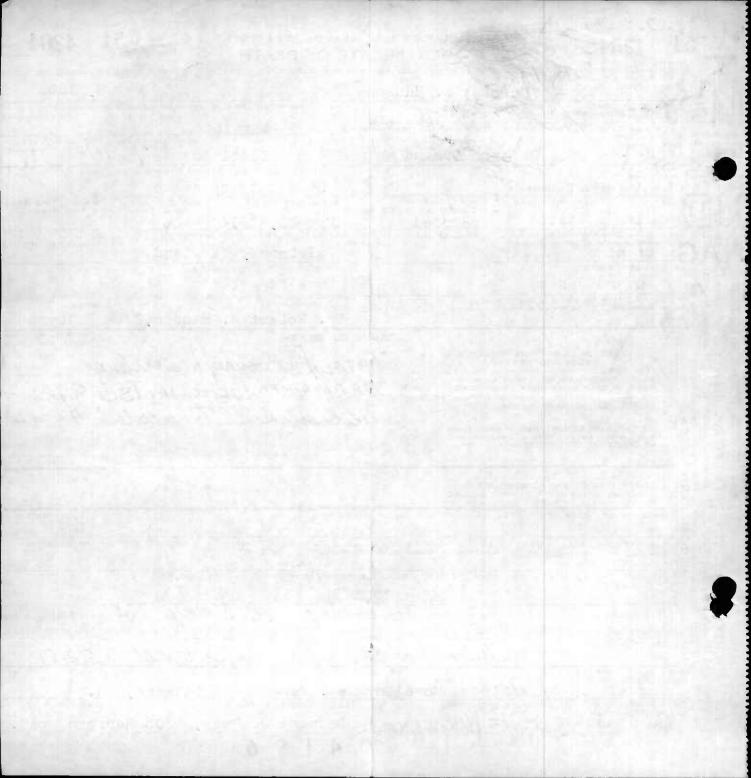
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BALTIMORE CITY HEALTH DEPARTMENT

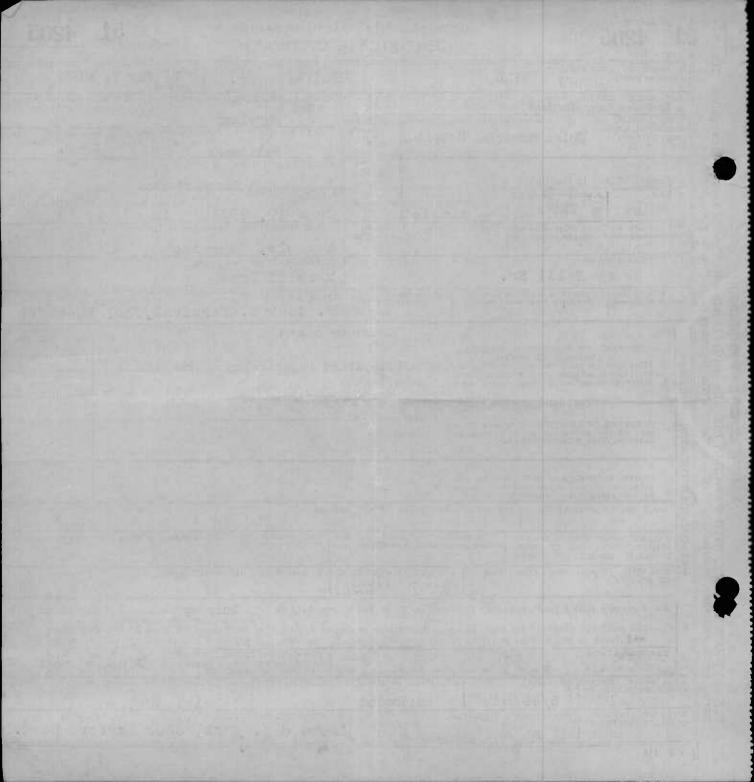
CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) May 8. Dorothy M. Hanson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location (If outside corporate limits, write BURAL and give C. CITY OR TOWN INSTITUTION 2708 Halcyon Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore 2708 Halcyon Avenue Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours | Min. female white married May 30. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Baltimore, Maryland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Foggett Edward Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mr. Robert J. Hanson, 2708 Halcyon 18. CAUSE OF DEATH INTERVAL BETWEEN 002-X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ATAL Tulmonary Hemorrhan LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, (B) Endobroushial Tuberculois 4 yrs injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA (C) .. ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e.g., in or I 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE . 1951, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Arriva 2019-51, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C.DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Moreland Mem. Park Baltimore, Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS Y 5 ISTRAS Leonard J. Ruck, 5305 Harford Road.

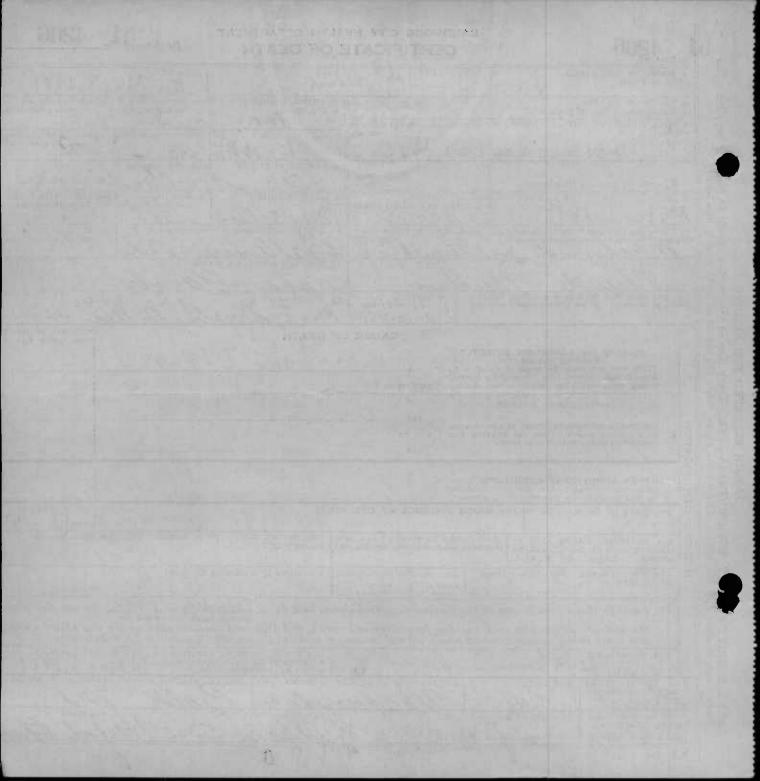
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12. CITIZEN OF

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23C. PATE SIGNED

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township)

CERTIFICATE OF DEATH 2. DATE 1. NAME (Type or Print) 1. NAME OF DECEASED OF DEATH . 4. USUAL RESIDENCE (Where deceased lived, If Anstitution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street (Glress or he Johns Hopkins Hospital Tocation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RULAL and give INSTITUTION Raltimore 5. Md (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH AGE (in years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 5 -7 marrie 108, KIND OF BUSINESS OR . USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) wert donoduring most of working life, even if retired) INDUSTRY Tetred Maintanne 13. FATHER'S NAME naveland 14. MOTHER MAIDEN NAME Chemine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. The Johns Hopkins Hospital Baltimore 5. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. I RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION CAI 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 195 I that I last saw the 10 40 m., from the causes and on the date stated above. 19 5 , and that death occurred at deceased alive on 23B. ADDRESS The Johns Hopkins Hospital 248. DATE 24c, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Swelfy)

FEGUTRAR'S SIGNATURE

UNFADING Physicians: p x, will mportant. PLEASE

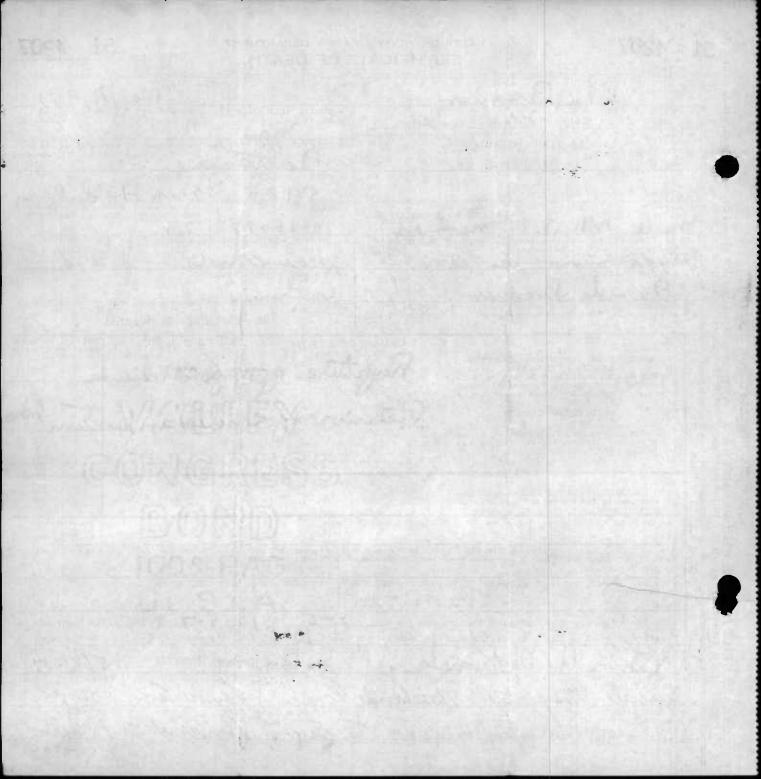
DATE RECEIVED BY

LOCAL REGISTRAR

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ADDRESS

25. FUNERAL DIRECTO



	11	To be approved by	
L.3	ÓB	BEIRTH NO. 4208 CERTIFICATE OF DEATH Registered No.	1208
	1.	1. NAME OF DECEASED (Type or Print) Logmon LLOND 2. DATE OF DEATH OF DEATH S/8/5	-1
supplied.	Α.		residence e admission)
Illy s.	H	A. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR NOTITUTION C. CITY OR TOWN (If outside corporate limits, write RUR) NOTITUTION	AL and give township)
e ca legion		Yrs. Mos. Days Days	0.0
should be		WIDOWED, DIVORCED (Specify) 11/9/73 last birthday) Months: Days I	f Under 24 Hours Tours Min.
VDING information shous of death clearly	wor	(132 - Ma) 1).	OF COUNTRY?
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_ 5	CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
MARGIN UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CON-	
	Ü	TO THE DISEASE OR CONDITION CAUSING IT.	JTOPSY?
LY, WITH mportant.	DICA	21A. ACCIDENT WAS UNDER. IB. PLACE OF INJURY (% g., in or 21C. WHERE DID (If in Baltimore City, give exact lo	NO Pation)
LY,	ME	CAUSE OF DEATH	//
Alla		OF INJURY 2 8 5/ m. WHILE AT NOT WHILE WORK AT WORK AT WORK	love
E bespec		22. I hereby certify that I attended the deceased from Reb 4, 1954, to Hay 8, 17, 594, that I land deceased alive on 1111 2, 1954, and that death occurred at 4 n.m., from the Juses and on the date sta	st saw the
WRIT e is			E SIGNED
PLEASE WRITE P		24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 10N, REMOVAL (Specify) 15/10/5/ 16/	(State)
PLE		DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR MAY 9-1951 Tunting for Mulianus Mills Cocale Winds Long Munched	e hed
		VS 150 N - 820.0 186	a

If external cause was contributory, the underlying arese was

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

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BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH A. Baltimore City,
B. FULL NAME OF HOSPITAL OR INSTITUTION
Uni
c. Length of stay i
Male
10A. USUAL OCCUPA work done during most of worki Brakeman
13. FATHER'S NAME
10. TATTIEN O HAME

JOSEPH GEORGE

(If not in hospital or institution, give street address or

CIAJA

Yrs. Mos.

Days

2. DATE DEATH May 8, 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

B. COUNTY

C. CITY OR TOWN Baltimore

8-1922

17. INFORMANT

(If outside corporate limits, write RURAL and give

D. STREET ADDRESS (If rural, give location)

Maryland

2721 Overland Ave. 8. DATE OF BIRTH

9. AGE (in years

last birthday) | Months: Days | Hours: Min.

WHAT COUNTRY?

12. CITIZEN OF

before admission)

TION (Give kind of) wlife even if retired)

on Memorial Hospital

108. KIND OF BUSINESS OR INDUSTRY Railroad

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

Pennsylvania

11. BIRTHPLACE (State or foreign country)

USA

ael Ciaja

Maryland

Baltimore

White

OR OR RACE

16. SOCIAL

14. MOTHER'S MAIDEN NAME Josephine Ciaja

ADDRESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

SECURITY NO

Mother

Same

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull and right leg

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B)Intracerebral ...hemorrhage

DUE TO

21c. WHERE DID

INJURY OCCUR?

(C) ...

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or

(If in Baltimore City, give exact location)

20. AUTOPSY

thereon and from

21A. EXTERNAL CAUSE WAS UNDERLYING [XOR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

about home, farm, factory, street, office bldg.,etc.) Street 21E. INJURY OCCURRED

Harford Rd. and Overland 21F. HOW DID INJURY OCCUR?

OF INJURY May 5, 1951 WORK 22. I certify that I took charge of the remains described above, held an

Pedestrian struck by auto Autopsy

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X] suicide [], homicide [], undetermined [] 23c. DATE SIGNED

23A. SENATURE

24c. NAME OF CEMETERY OR CREMATORY

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER .. MEDICAL INVESTIGATOR

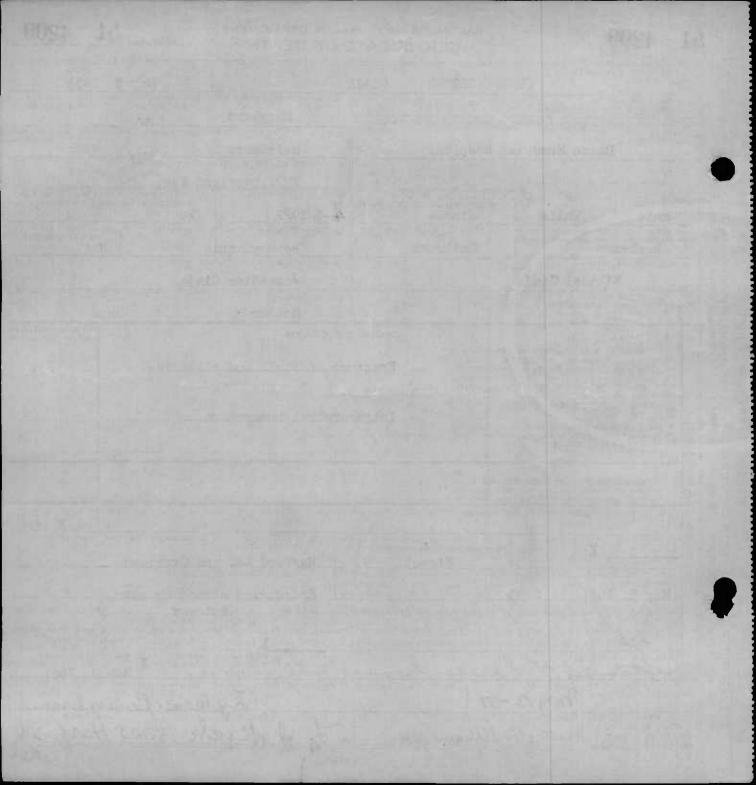
24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4B. DATE

25. FUNERAL DIRECTOR

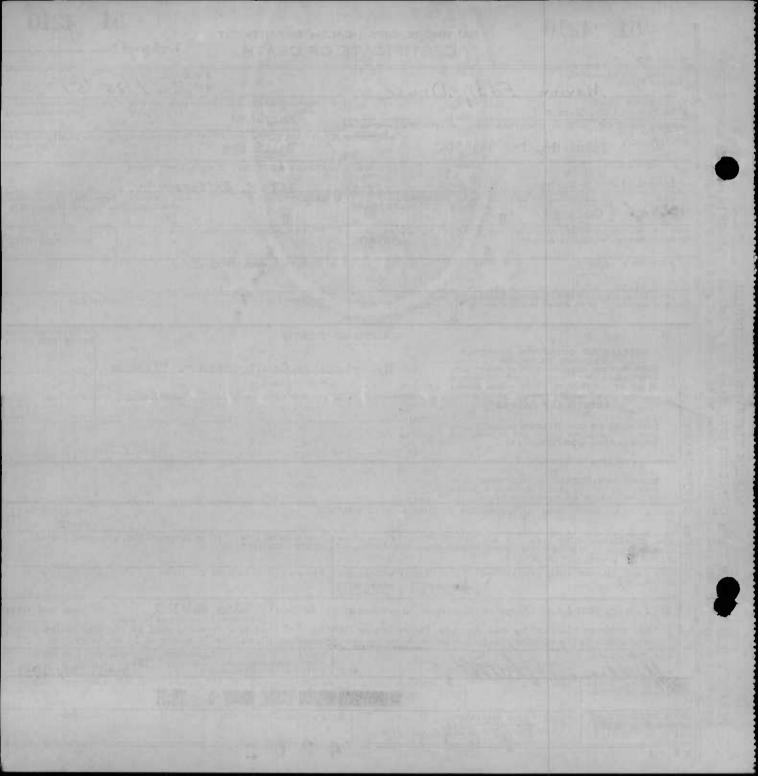
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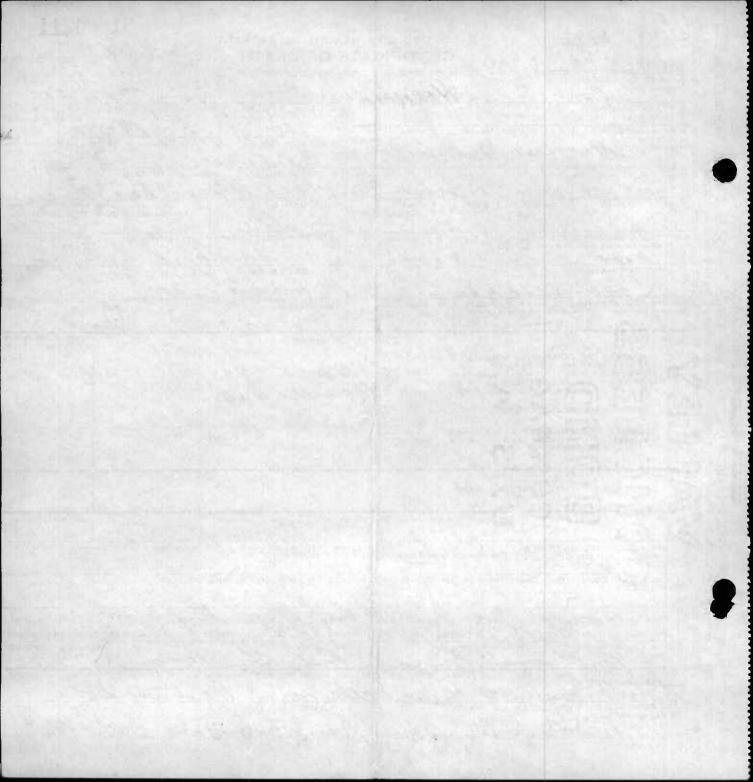
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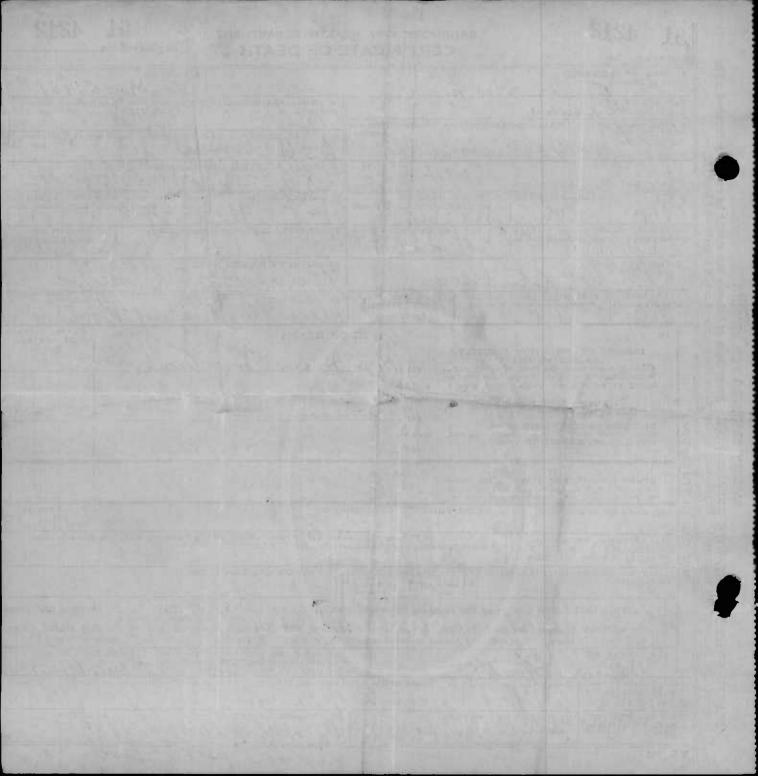


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В	CERTIFIC	CATE	OF DEATH	Registered	No	
	NAME OF DECEASED (ype or Print) Marion Eddy Douse			2. DATE OF DEATH 4/2	18/51	
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Of not in hospital or institution, give street add	ress or	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. In B. COUNTY	f institution : residence before admission	
H				outside corporate limi	ts, write RURAL and giv	
c	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If			
	ALE Colored U		B. DATE OF BIRTH	9. AGE (In years)	if Under 1 Year onths Days Hours Min	
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) No. No	OR I	1. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S NAME N	1	4. MOTHER'S MAIDEN NA	AME		
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(Ye	was deceased ever in U. S. Armed Forces; W. 16. SOCIAL security	NO. 1	7. INFORMANT W	A	DDRESS	
FICATION	(A)		nsive Cardiovaso			
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
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EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. CAUSE OF DEATH.			f in Baltimore City,	give exact location)	
Σ		WHILE WORK	21F. HOW DID INJURY	OCCUR?		
	22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined 23A.SIGNATURE					
TI	AA. BURIAL CREMA- 24B. DATE 24C. NAME OF CE	M.D.	ASSISTANT MEDICAL E	OR A	oril 30, 1951 , or county) (State)	
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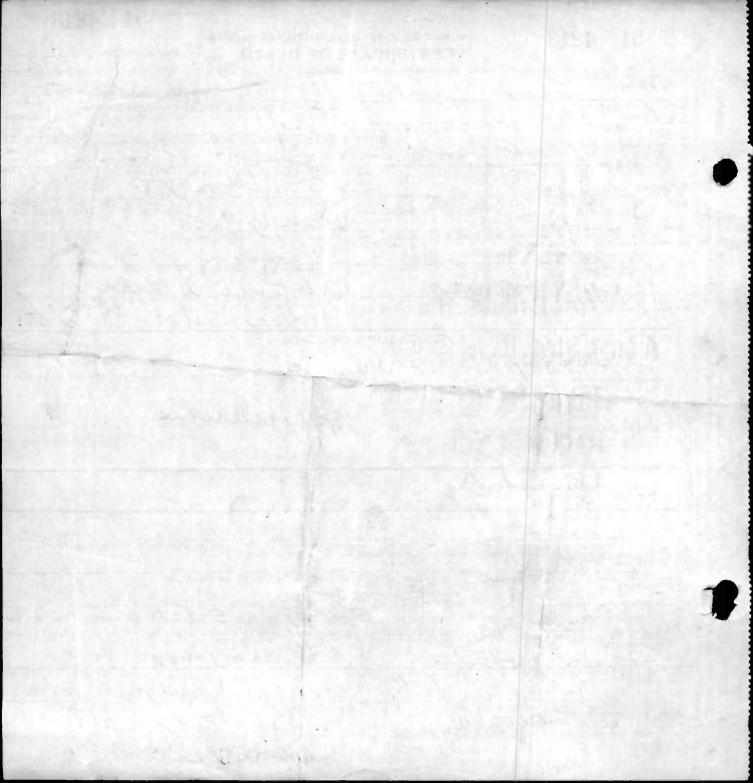






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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. I. NAME OF DECEASED. I. NAME OF DECEASED. I. NAME OF DECEASED. J. PLACE OF DEATH A. Baltimore City, Maryland B. PLACE OF DEATH A. Baltimore City, Maryland J. PLACE OF DEATH A. Baltimore City, Maryland J. PLACE OF DEATH A. Baltimore City Maryland J. D. THE COUNTY DO STREET ADDRESS (It roral, give presently) Mon. J. D. THE DECEASED. J. D. STREET ADDRESS (It roral, give presently) J. D. THE DECEASED OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. THE DECEASED OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. THE DECEASED OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. THE DECEASED OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. THE DECEASED OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF BIRTH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF BIRTH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. DEATE OF DEATH J. D. STREET ADDRESS (It roral, give presently) J. D. D. D. STREET ADDRESS (It roral, give presently) J. D. D. D. STREET ADDRESS (It roral, give presently) J. D. D. D. STREET ADDRESS (It roral, give presently) J. D. D. D. STREET ADDRESS (It roral, give presently) J. D. D. D. STREET ADDRESS (It roral, give presently) J. D. D. D. STREET ADDRESS (It roral, give presently) J. D.	1320			5	1 4	213
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A Baltimore City, Maryland B. FULL NAME OF Iff to in haspital or institution, give street address or location INCTUSTION C. Length of stay in Baltimore D. ACC In Security Months of Stay in Baltimore C. Length of Stay	1. NAME OF DECEASED (Type or Print)	(Type or Print) RhhA WATTS			5-9.	-51
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C. Length of stay in Baltimore 5. SEX S. COLOR OR RACE 7. SINGLE MARRIED NIDOWED DIVORCED (Spenify WIDOWED DIVORCED WIDOWED DIVORCED (Spenify WIDOWED DIVORCED WIDOWED DIVORCED (Spenify WIDOWED DIVORCED WIDOWED WIDOWED DIVORCED WIDOWED DIVORCED WIDOWED DIVORCED WIDOWED WIDOWED	HOSPITAL OR		outside corporate	limita (ri		
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	DATE RECEIVED BY REGISTRAR'S SIGNATU	RE	25 FUNERAL DIRECTOR,	ad-	97	PRESS
		5 10 7	Marsids	tiel	arl	1/2/0



	616 4214
ı	BIRTH NO.
	1. NAME OF DECEASE (Type or Print)
	3. PLACE OF DEATH: A. Baltimore City, M
	B. FULL NAME OF () HOSPITAL OR INSTITUTION
	c. Length of stay in 1
	M
ı	10A. USUAL OCCUPATI

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 Registered No. 4214

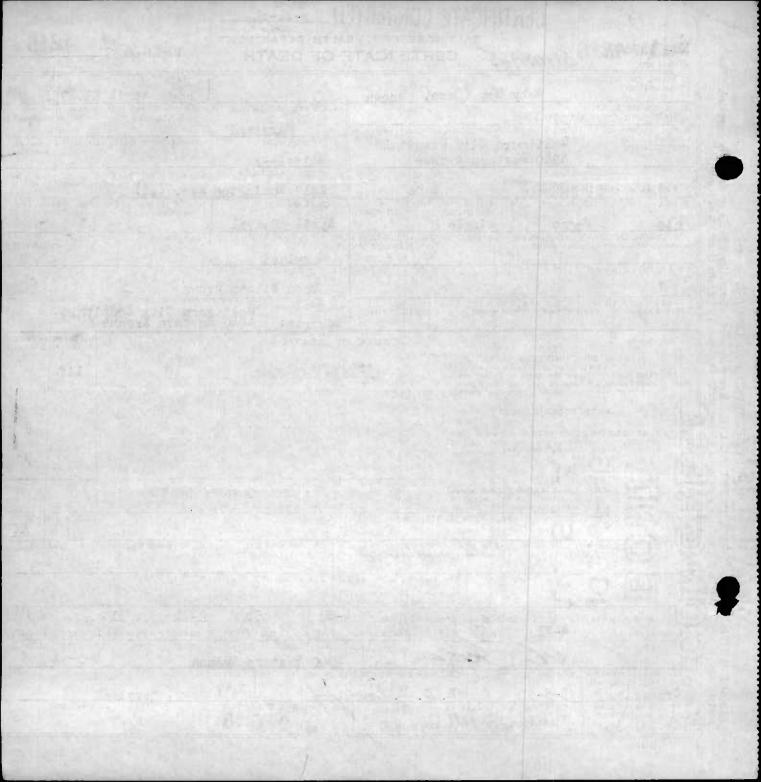
1. NAME OF DECEASED GEORVE	SCHRIEFER	2. DATE OF P May	51			
3. PLACE OF DEATH: A. Baltimore City, Maryland		ENCE (Where deceased lived, If instituti	ion : residence before admission			
B. FULL NAME OF (If not in hospital or ins	titution, give street address or					
HOSPITAL OR INSTITUTION	location) C. CITY OR TOWN	(If outside corporate limits, write	BURAL and give			
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You with of store in Dale	Yrs. D. STREET ADDR	ESS (If rural, give location)				
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SIN	Days / T Days 8. DATE OF BIRT.	H 9. AGE (In years) Under Ye	ar If Under 24 Hours			
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10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR III. BIRTHPLACE		TIZEN OF			
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13. FATHER'S NAME	(M) 14. MOTHER'S MA	AIDEN NAME				
15 Was DESTACED THEW SCH	uper hus.	nown				
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO.	ADDRESS	5			
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ONDERETING CONDITION LAST.	(c) Carlinoma 9	DIACOUP	*******************************			
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TO THE DISEASE OR CONDITION CAUSIN	IG IT					
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	1. and that death occurred at 19:15 am	, from the causes and on the date	stated above.			
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TION, REMOVAL (Specify) May 12-195	1 New Eathedral	Ceta	ty) (State)			
DATE RECEIVED BY REGISTRAR'S SIGN	ATURE 25. FUNERAL DIF	RECTOR ADDR	ESS			
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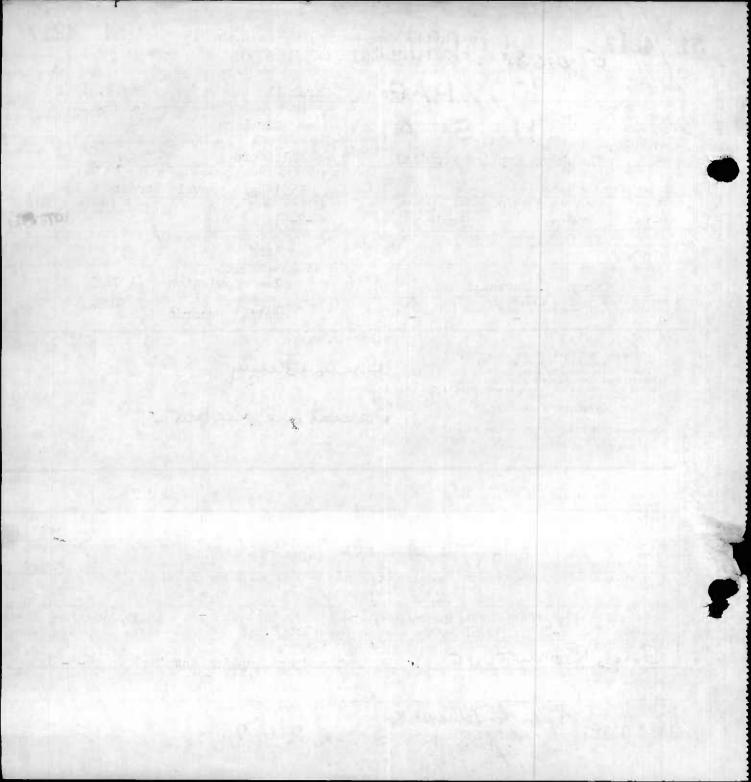
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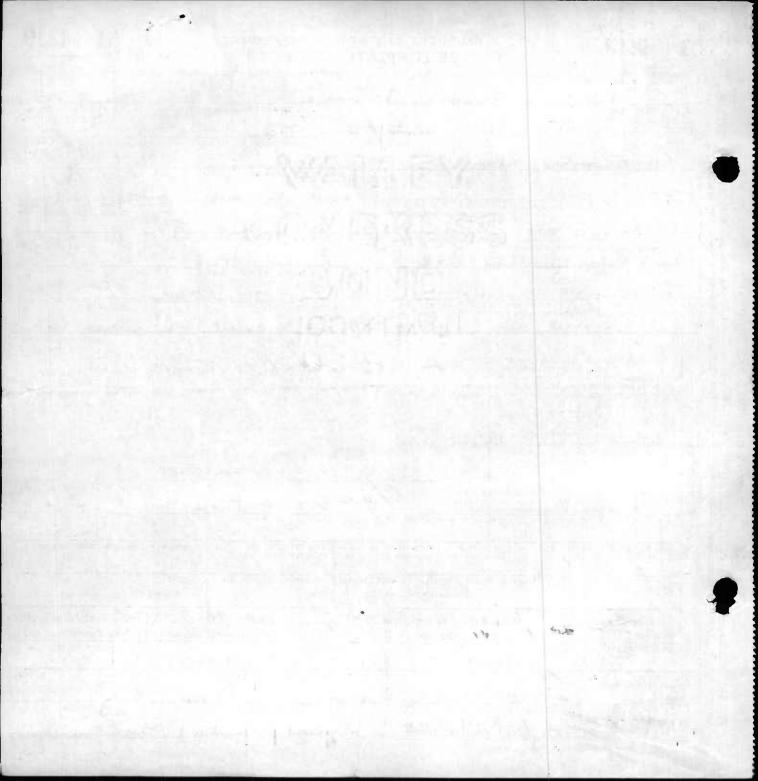
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5	4 4040		E OF DEATH	Registered No.	
	. NAME OF DECEASED Type or Print)			2. DATE OF	
	Dany Doy Dispasqua.	Le-Rose		DEATH 5-1-51	
A	B. PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution)	n. give street address or	4. USUAL RESIDENCE	Where deceased lived. If inst B. COUNTY	itution: residence before admission)
H	OSPITAL OR Baltimore City Hornstitution			If outside corporate limits, w	
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	Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS () 502 East Eager	f rural, give location)	
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	OA. USUAL OCCUPATION (Give kind of lob. KIND rk done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Md.	foreign country) 12	. CITIZEN OF WHAT COUNTRY?
1.	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
ь			Rose Genouese		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADDI	PFSS
(Y	es, no or nnknown) (If yes, give war or dates of service)	SECURITY NO.		. H. 4940 Easter	
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Z	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			
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F		(C)	***************************************		• • • • • • • • • • • • • • • • • • • •
E	OTHER SIGNIFICANT CONDITIONS CON				
O	TRIBUTING TO THE DEATH, BUT NOT RELATED	Prema	turity		life
		FINDINGS OF OPER	ATION		20. AUTOPSY?
A					YES NO
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLAG about home, fai	CE OF INJURY (e. g., in rm,factory,atreet,office bldg.,e		(If in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURRE	ED 21F. HOW DID INJU	RY OCCUR?	
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			red at 8:50Pm., from		
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	Ges No	722 M.O.	4940 Eastern Ave		5-4-51
	24A. BURIAL, CREMA- ION, REMOVAL (Specify)	4C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
	Cremated 5-4-51	B.C.H. Cremat	ory Ba	timore	Md.
E	DATE RECEIVED BY REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR		DDRESS
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BALTIMORE CITY HEALTH DEPARTMENT

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רט י	RTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
	NAME OF DECEASED ype or Print) Lillam			2. DATE OF DEATH	0 105)
	Baltimore City, Maryland	ramis Kim	4. USUAL RESIDENCE (Wh		tution: residence before admission)
H	OSPITAL OR	itution, give street address or location)	C. CITY OR TOWN (If or	utside corporate linne	write JUIA and give township)
	611 Kadnon aur	Yrs. Mos.	D. STREET ADDRESS (If ru	ral, give location)	•
c s	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SIN	Days Days	8. DATE OF BIRTH	9. AGE (in years) His	Inder I Year II Under 24 Hours ths: Days Hours Min.
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es of	5. WAS DECEASED EVER IN U. S. ARMED FORCES a, no or unknown) (If yos, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	611 Rad	DRESS
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CEF	TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED CO	algus agitor		1 20. AUTOPSY?
CAL	7	PLACE OF INJURY (e. g., i		in Baltimore City, g	YES NO
Important.	HOMICIDE (Specify) about he	ome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
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especia (1)	22. I hereby certify that I attended deceased alive on	the deceased from	red at m from the		, that I last saw the e date stated above.
	23A. SIGNATURE		3B. ADDRESS		23C. DATE SIGNED
correct age is	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 5-12-51	124C. NAME OF CEMETE	RY OR CREMATORY 24D. LOG	CATION (City, town,	or county) (State)
corre	ATE RECEIVED BY REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTOR	, ,	DDRESS
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(Type or Pr 3. PLACE A. Baltime B. FULL N HOSPITAL INSTITUTI

c. Length

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וניניא	E OF DEATH Registered No. Registered No.
or Print) John W. Creen	2. DATE OF May 6-51
ACE OF DEATH: Itimore City, Maryland L NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, lightitution; residence a. STATE B. COUNTY before admission)
LL NAME OF (If not in hospital or institution, give street address or location) TUTION 2309 Footer Are:	
Yrs. Mos. ngth of stay in Baltimore Days	D. STREET ADDRESS (If rural give location) 2309 Foster are
6.COLOR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under I Vest Months Days Hours Min.
SUAL OCCUPATION (Give kind of loss, KIND OF BUSINESS OR NDUSTRY	11. DIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Form W. Green	14. MOTHER'S MAIDEN NAME
S DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL or unknown) (If yes, give war or diffe of service) SECURITY NO.	17 INFORMANT ADDRESS
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ANTECEDENT CAUSES	
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21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

AT WORK

OF OPERATION

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED NOT WHILE

WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 195, and that death occurred at 12 deceased alive on 23A. SINATURE

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20. AUTOPSY

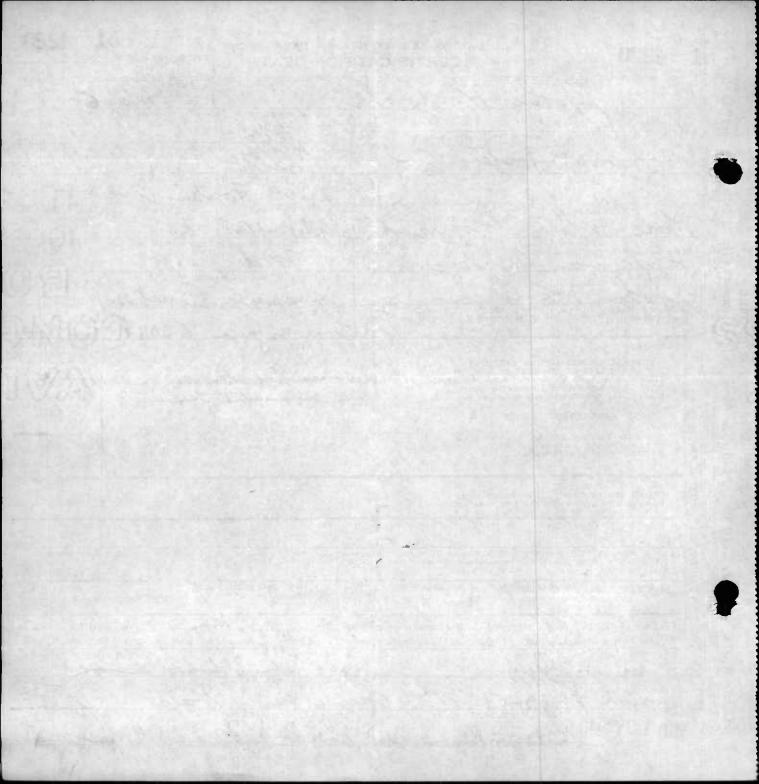
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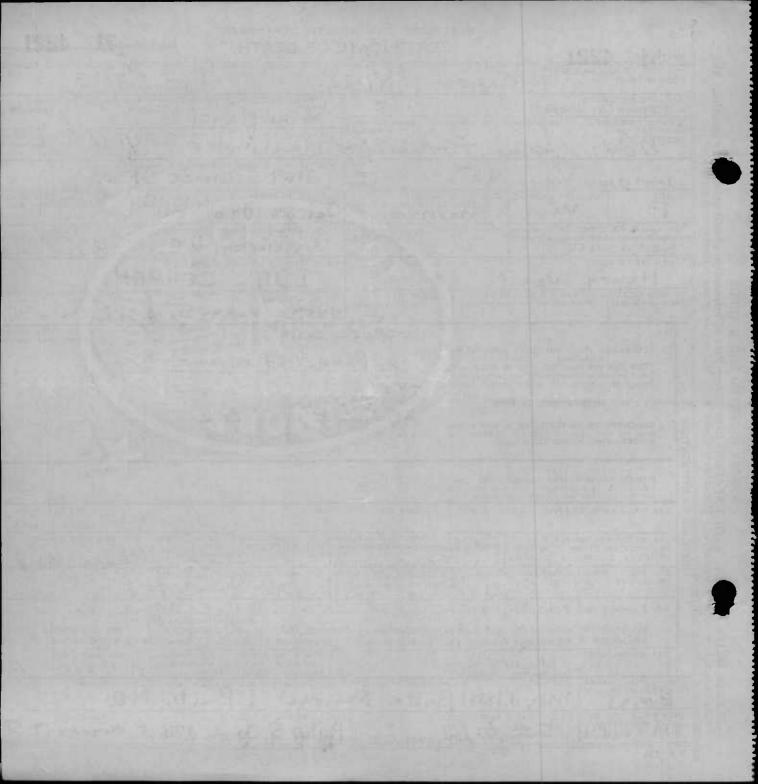
DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

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160 1urth 4222	ВА		EALTH DEPARTMENT E OF DEATH	Registered N	4222
1. NAME OF DECEASED (Type or Print)	MARY M.	WEBER		OF DEATH	9,1951
a. Baltimore City, Ma			A. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	nstitution : residence before admission
HOSPITAL OR		tion, give street address or location)	BALT9.	outside contorate Amits	wite RURAL and giv township
c. Length of stay in B		Yrs. Mos. Days	930 N. PATT		AVE
FEMALE INI	HITE WIDOW	E, MARRIED, WED, DIVORCED (Specify)	061, 4, 1887	last birthday) Mon	nder 1 Year ths: Days Hours Min.
IOA. USUAL OCCUPATION work done during most of working lift MOUSE WORK	e, even if retired)	ME	BALTQ. N		2. CITIZEN OF WHAT COUNTRY
JOSEPH KR	EITER		14. MOTHER'S MAIDEN NA	TWAB	
15. WAS DECEASED EVER II (Yes, no or unknown) (1f yes,	U, S. ARMED FORCES? rive war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT CHARLES LYON		DRESS EASON PANO
ANTECEI Z O DISEASES OR CON RISE TO THE ABOVE UNDERLYING COI UNDERLYING COI	the mode of dying, e. a, etc. It means the disea ion which caused deat DENT CAUSES IDITIONS, IF ANY, GIVI CAUSE (A) STATING T NDITION LAST.	NG DUE TO (C)	onaugs col	andion Dentessof Bearing	5-LO-M
TRIBUTING TO THE	DEATH, BUT NOT RELAT	ED CHUM!	ujais		Lac AllTopsys
CAL	1000	THE INC.	ATTON		YES NO
21A. ACCIDENT WAS LYING OR CONTR CAUSE OF DEATH 21D. TIME (Month)	BUTING about brune	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	f in Baltimore City, gi	ve exact location)
OF INJURY	m.	WHILE AT NOT WHILE AT WORK		OCCURY	
deceased alive on_	that I attended the	and that death occur	7 to	nc causes and on the	that I last saw the date stated above
23A. SIGNATURE 24A. BURIAL, GREMA TION, REMOVAL (Specify)	Al Amreh	A/ M.D.	38. ADDRESS O 1 MATOR 24D. LO	DCATION (Cit), town, o	23c. DATE SIGNED
BURIAL	MAY 12.1951	HOLY CROS		LTO MO	
DATE RECEIVED BY LOCAL REGISTRAR	EGISTRAR'S SIGNAT	Misma 112	Many Corrector	bolu 900 h	Cherter
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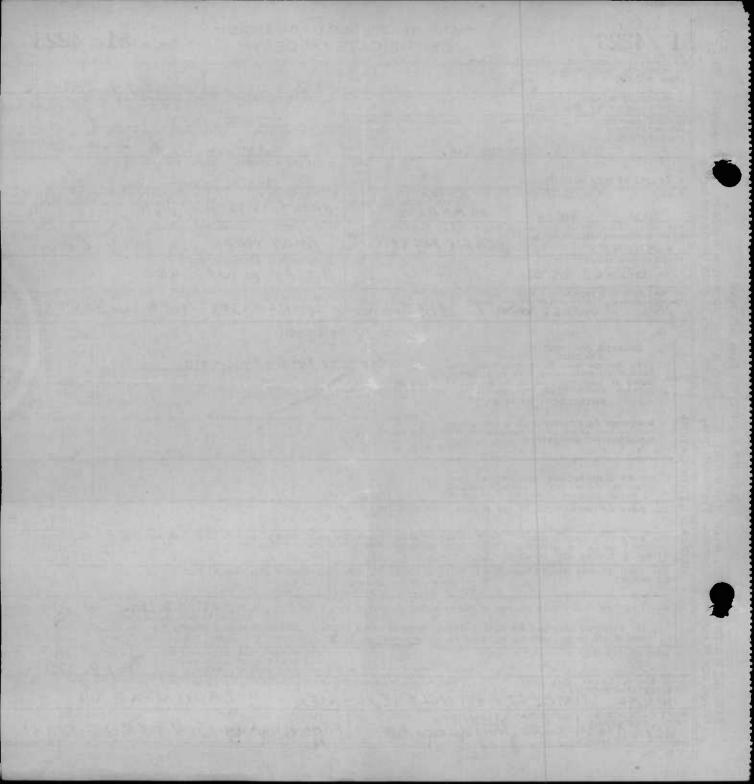
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MAKGIN KENEKVED FOR BINDING		UNFADING	important. Physicians: please write the causes of death clearly and legibly.
		WITH	ortant.
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PLEASE WRITE I

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered to. 4223

1. NAME OF DECEASED (Type or Print)	HN	RADER	2. DATE OF OF Mass Q	7057
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	
B. FULL NAME OF 'f not in hosp HOSPITAL OR	ital or institution, give street address or location)	Mayland C. CITY OR TOWN (If	outside corporate limits,	7
1101 N. Luz	serne Ave.	Baltimore	4/0	township)
c. Length of stay in Baltimore	53 Yrs. Mos.	D. STREET ADDRESS (If		
5. SEX 6. COLOR OR RAC		8. DATE OF BIRTH	DZCTNO AVO.	nder 1 Year If Under 24 Hours
Male White	WIDOWED, DIVORCED (Specify) MARRIED	JAN. 5, 1898	last birthday) Mont	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retire	BENDIX WIATION	BALTIMORE		2. CITIZEN OF WHAT COUNTRY?
LABURER 13. FATHER'S NAME	Destrict in the state of	14. MOTHER'S MAIDEN NA		U. S. A
GEORGE RADEJ		THERESH MI		
15. WAS DECEASED EVER IN U. S. ARM (Yes, po or unknown) (If yes, give war or de	tes of service) SECURITY NO.	17. INFORMANT 2 SOPILIA RADER	1101 N, LUZ	FRNE AVE
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which	DIRECTLY ATH of dying, e. g., cans the disease,	of death	sis	ONSET AND DEATH
ANTECEDENT CAL	JSES			
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION) STATING THE DUE TO			
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED			
U 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
A STEERING CAUSE WAS	218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (I	f in Baltimore City, giv	YES NO X
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg., e		. In Dalumore Oity, giv	e exact location;
2 1D. TIME (Month) (Day) (Yea OF INJURY	r) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
the evidence obtained by	arge of the remains described a y said Autopsy, Inspection or In resulted from: natural causes	Autopsy, I nquiry, find that said de	nspection or Inquiry recased died on the , homicide , und	day stated above, determined □.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 13URIAL MAY	24C. NAME OF CEMETER	RY OR CREMATORY 24b. LC	LTIMORE	
	To Whama, K.	25. FUNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , ,	ADDRESS AGSTERST
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BALTIMORE	CITY	HEALT	H DEF	PARTMENT
CERTI	FICA	TE O	F DE	HTA

51 Registered No. 4224

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BIRTH NO.	
1. NAME OF DECEASED NINA CORINNE SPICE	CER 2. DATE OF 5 /9/51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MD
HOSPITAL OR Institution (Case F 31-	c, CITY OR TOWN (If outside corporate in ts, wright URAL and give township)
INSTITUTION 1929 E. 31ST ST.	BALTIMORE
Yrs. Mos.	D. STREET ADDRESS (If rural, give location
c. Length of stay in Baltimore Days	1929 E. 31st ST.
F. WIDOWED (Specify)	DEC. 5, 1877 9. AGE (In years Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HUUSEWIFE HOME	CHURCH CREEK, MD. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ASBURY D. JONES	SARAH JANE MOORE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 215-05-1536A	MR. VERNON D. SPICER 1929 E. 31ST ST.
	DE DEATH INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	in school: Hent Oring
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	indi atrio Edmin
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	
21a. ACCIDENT WAS UNDER- 21b. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	te.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE ME NOT WHILE WHILE ME NOT WHILE WHILE WHILE ME NOT WHILE	
22. I hereby certify that I attended the deceased from 3/2	1, 195/, to 5/9/, 195/, that I last saw the
deceased alive on 5/8/, 195/, and that death occur	red at 6:40 Am., from the causes and on the date stated above.
23A. SIGNATURE P. Frid. M.D. 2:	38. ADDRESS 230. DATE SIGNED 7,0/57
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 4D. LOCATION (City, town, or county) (State)
BURIAL 5/11/51 OLD TRING	Y CEM. CHURCH CREEK, MD.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
MAY 101951 + 4 4 William 1 10	JOANT. DENNY, INC 715 LIGHTST
THE PARTY OF THE P	B 20 MD

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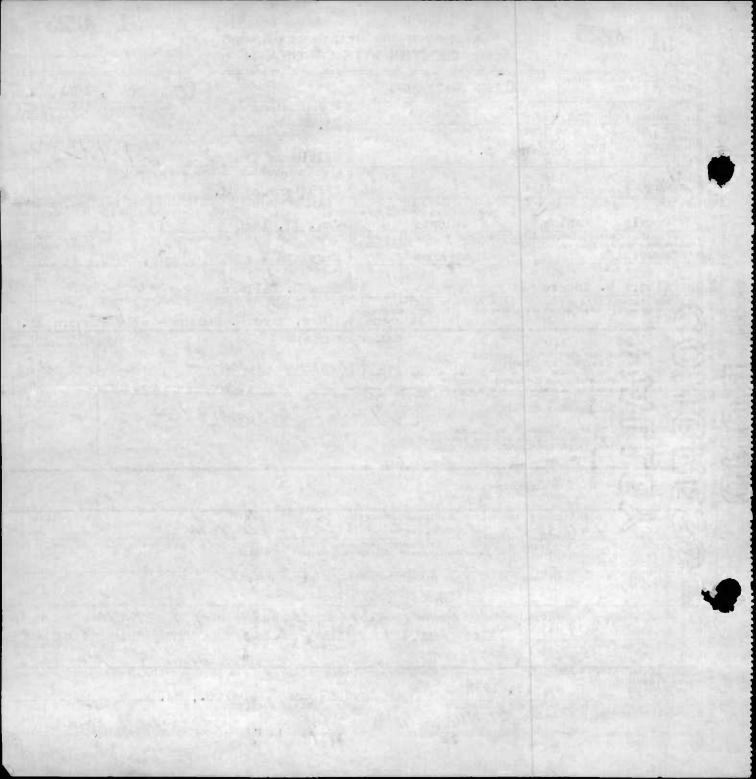
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BALTIMORE CITY HEALTH DEPARTMENT

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ACION

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ALICE WHITE DAVIS May 9. 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5719 Kenmore Rd. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 5719 Kenmore Rd. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Winder 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) female white widowed Jan. 17, 1889 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert H. Rogers Emma R. Zellers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO no Mrs. Mary F. Hudson - 5719 Kenmore Rd. none INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19 ADDATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY alcum 218. PLACE OF INJURY /6. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 214. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 341 4, 1950 to may , 195 that I last saw the deceased alive on May 9, 1967, and that death occurred at 5, Am., from the causes and on the date stated above. 23A STGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) May 11, 1951 Burial Loudon Park Balto. DATEREGEINEDER REGISTBAR'S SIGNATURE 25) HUNERAL DIRECTO LOCAL REGISTRAR VS 150



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UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and le

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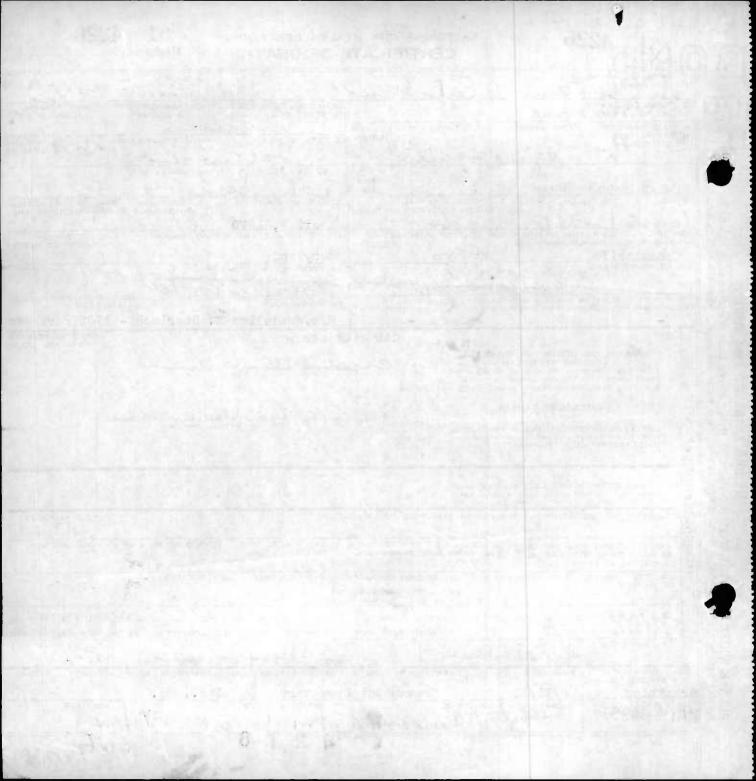
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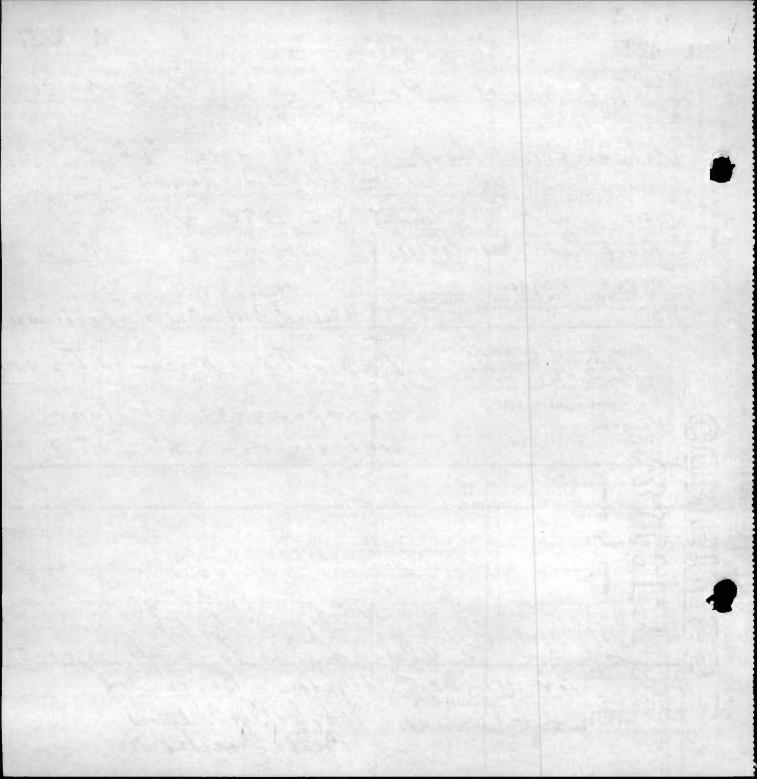
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1	51 424	20	CERTIFICATI	EALTH DEPARTMENT	Registered N	LLO
	BIRTH NO.		CERTIFICATI	E OF DEATH	registertu 1	-
1	1. NAME OF DECEAS (Type or Print)	leavor 1	1. Eisen brand	ef	OF DEATH 5-	9-195-1
	3. PLACE OF DEATH: a. Baltimore City, M	Maryland		4. USUAL RESIDENCE (W		nstitution : residence before admission)
	B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or	institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits	, Frite BOR L and give
-	40 51.	Agnes	Hospital	Bultin	noce !	township)
	c. Length of stay in	Raltimore	Yrs. Mos.	12.2	rural, give location)	
		OR OR RACE 7.	Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Under 1 Year If Under 24 Hours
1	Fernale W	hite 1	widow	April 9, 1870	last birthday) Moi	nths Days Hours Min.
W.	10A. USUAL OCCUPAT ork done during most of working	ION (Give kind of 10)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
ŀ	housewife 13. FATHER'S NAME		at home	Maryland 14. MOTHER'S MAIDEN NA	OMF /	
		harlen	Chmidt	Man Sch	whent	
10	15. WAS DECEASED EVER Yes, no or unknown) (If ye	IN U. S. ARMED FOR	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
-			•	Mrs./Madeline E.	Sherloch -	
Г	18. 443×	1		OF DEATH		ONSET AND DEATH
ı	(This does not me	CONDITION DIRI	ing, e.g., (A) Cong	estive Weat	Dailure	
ı		enia, etc. It means the cation which cause				
1.		EDENT CAUSES	Human	tomie Carlis - Ya	scalar Draws	
2	DISEASES OR CO	ONDITIONS, IF AN	Y, GIVING			
1	UNDERLYING C	ONDITION LAST.	(C)			
	OTHER SIGNIFI	П				
L	I TRIBUTING TO TH	CANT CONDITION	RELATEO			
-	19A. DATE OF OPE	RATION 198.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
1						YES NO
CICE	CAUSE OF DEATH	TRIBUTING abo	1B. PLACE OF INJURY (e. g., in out home, form, factory, street, office hldg., e		f in Baltimore City, g	ive exact location)
M	210. TIME (Month) OF INJURY	(Day) (Year) (Hou	ur) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
		n. right	m. WHILE AT NOT WHILE			
			ed the deceased from 5/			, that I last saw the
	deceased alive on	3/9 , 19	5/. and that death occur	red at/2:15Am., from the	e eauses and on th	e date stated above.
		ohn W.	Shaw M. O.	St. agues H	ospital	5/9/5/
1	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETER	RY OR CREMATORY 24D. LC	OCATION (City, town,	or county) (State)
C	remation	5/11/51	Greenmount	The state of the s	to., Md.	
M	ATE RECEIVED BY	REGISTRAR'S SI	GNATURE	25. FUNERAL DIRECTOR	burntile	ADDRESS

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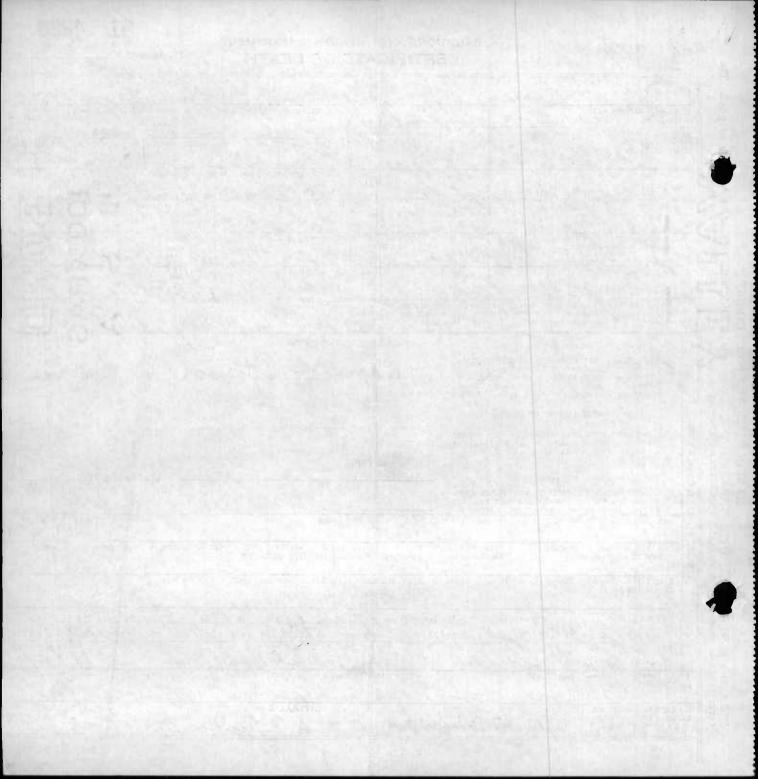
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The	5	T 4CCO	CERTIFICATE OF DEATH	Registered No.
100		NAME OF DECEASED Type or Print)	8 1/10 2	DATE OF ME OF 10
supplied.		PLACE OF DEATH:	A USUAL RESIDENCE (When	DEATH // / / / / / / / / / / / / / / / / /
ddr	Α,	Baltimore City, Maryland 3520 X	hellon loved A. STATE	ECOUNTY before admission)
y sı	H	FULL NAME OF (If not in hospital or instituted SPITAL OR STITUTION		side corporate limits, write RUKAL and give
7	0	Surenosa Mursin	Latone Ballimore	5-0 3 township)
ca eg.		Length of stars in Baltiman	Yrs. D. STREET ADDRESS (If rure	al, give location)
be of	-	Length of stay in Baltimore SEX 6. COLOR OF RACE 7. SINGLE	MARRIED. 8. DATE OF BIRTH 9	AGE (In year) II Under I Year If Under 24 Hours
should be	7	amale. White	ED, DIVORCED (Specify) Oct. 10. 1880	last birthday) Months Days Hours Min.
sho		A. USUAL OCCUPATION (Givekind of tob. KIND doneduring most of working life, even if retired)	OF BUSINESS OR II. BIRTHPLAGE (State or foreign	gn country) 12. CITIZEN OF WHAT COUNTRY?
ion cle	-	stired Colerke Bul	Sprangets, Gallemore	- Ma H & a
information of death cl	1.0	FATHERS NAME	14. MOTHER'S MAIDEN NAME	4-0
nfor of d	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL 17. INFORMANT	ADDRESS
f in	(Ye	(If yes, give war or dates of service)	113-10-2978 Welloland (The	Mins Behodge to know
em of i		18. /5/× .	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
item he cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Came A Stone	
Every ite		(This does not mean the mode of dying, e.g heart failure, asthenia, etc. It means the disease	, (A)	das.
Ever		injury or complication which caused death.) DUE TO	
INK. please	Z	ANTECEDENT CAUSES	(B)	
G In	E L	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABDVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.		
INC ns:	ICA	UNDERLYING CONDITION LAST.		
AD	RTIF	11	(C)	
UNFADING Physicians:	Ш	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT		
100	C		FINDINGS OF OPERATION	20. AUTOPSY?
WITH rtant.	CAL	21a. ACCIDENT, SUICIDE. 21B. PLA	CE OF INJURY (e.g., in or 21c. WHERE DID (If in	Baltimore City, give exact location)
. 0	EDIC.		rm, factory, street, office bldg., etc.) INJURY OCCUR?	Datimore Only, give exact location,
Imp	Σ		1E. INJURY OCCURRED 21F. HOW DID INJURY O	CCUR7
3			HILE AT NOT WHILE WORK AT WORK	
Pecr		22. I hereby certify that I attended the	deceased from Apr 24, 19, to Ma	195, that I last saw the
espec		deceased alies on 19, a	and that death occurred at 7 m., from the	causes and on the date stated above.
WRITE		1- Convert Lucen	M. D. Med Ato Bedg.	23c. PATE SIGNED
	7	4. BARIAL, CREMA- 24B. DATE 2		ATION (City, town, or county) (State)
PLEASE correct a	6	Burial May 19195	fellowount (Day (Do	Elemore med
PL		ATE RECEIVED BY REGISTRAR'S SIGNATU	25. FUNERAL DIRECTOR	5005 Philippi
		WALL VIJJI	of the man of the second of th	Jan
		VS 150	3900	46 B



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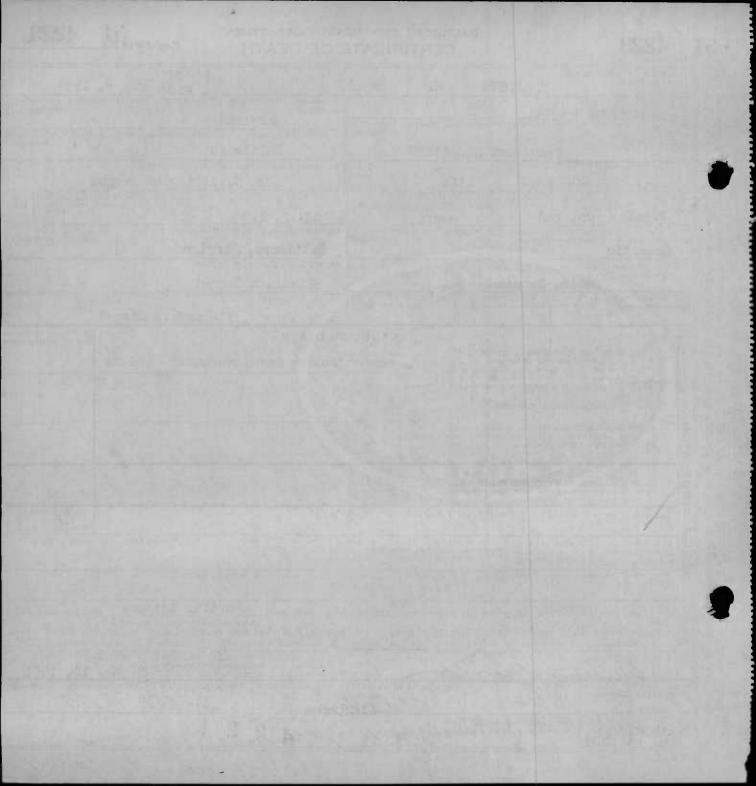
LLY, WITH UNFADING INK. Every item of information should be climportant. Physicians: please write the causes of death clearly and leg. MARGIN RESERVED FOR BINDING

PLEASE WRITE I

BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

Registered No. 4229

BU	TH NO.			CERTIFICATI	E OF DEATH	Registered No	
1.	NAME OF DE		Tmi	M HADDT	c	2. DATE OF Mars O	1051
	PLACE OF DE		DITH	M. HARRI	A. USUAL RESIDENCE (W	DEATH May 9	
A.	Baltimore C	ity, Maryland			A. STATE	B. COUNTY	before admission
	SPITAL OR	OF (If not in hospita	al or institut	tion, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporaje Imits,	walle Id IRAL and giv
IN	STITUTION	Provide	ent Hos	nital	Baltimore		township
		220124		Yrs.	D. STREET ADDRESS (If		
c.	Length of st	tay in Baltimore	Li	fe Mos.	1010 N. A	rlington Aven	ue
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years Hu	der 1 Year If Under 24 Hours hs: Days Hours Min
	Female	Colored	Wibor	Married	Aug. 5, 1900	50	Days Hours Mill
		CUPATION (Give kind of f working life, even if retired)	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY
	Domestic				Baltimore, Mary		WHAT GOOKING
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME	
		Edward Samps			Elizabeth Turn	er	
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
					Edna Thomas, 512	Oxford Stree	t
RTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of the complication which complication which complication was also complicated the complication with the complication was also complicated the complication was also complicated the complication was also complicated the complication with the complication was also complicated the complication was also complicated the complication was also complicated the complication which complication was also complicated the complication which complication was also complicated the comp	TH of dying, e. ns the disea eaused deat ses F ANY, GIVI STATING T ST. TIONS CO	g., (A) Hyper se, (A)	tensive cardiovas	cular disease	
111		TO THE DEATH, BUT SEASE OR CONDITION			E		
0	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	OI. EVEEDA	LAL CALLOT WAS	1 21 B DI	ACE OF INJURY (e.g., in	a or 21c. WHERE DID (I	f in Baltimore City, giv	YES X NO
EDICAL	UNDERLYING	IAL CAUSE WAS G OR CONTRIB. AUSE OF DEATH.		farm, factory, street, office bidg., e		i in Datamore Oley, giv	e exact location;
Σ	OF INJURY	Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK		OCCUR7	
TIO	and dec 23A. SIGNAT A. BURIAL. C. N. REMOVAL (S.	dence obtained by 1th in my opinion URE REMA- Pecify) 248. DATE	said Autresulted	opsy, Inspection or I from: natural causes M. 244 MAME OF CEMETE!	nquiry, find that said de X, accident □, suicide 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATE RY OR CREMATORY 24D. LC	eeased died on the homicide not the land with the land land land land land land land land	DATE SIGNED y 10, 1951 county) (State)
1	TE RECEIVED		SIGN WILL	Haus, MA	James Director	V. Sulla	and.
V	S 151			7208A	10114.6	ulifaton	aher

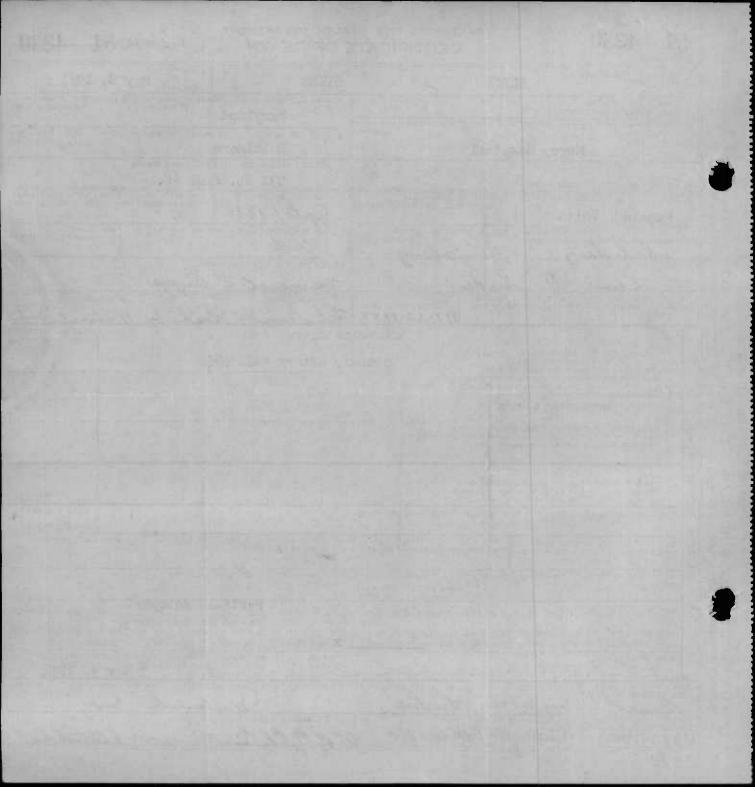


V S 151

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Registered No.1

BIRTH NO.	201 027111
1. NAME OF DECEASED (Type or Print) ALICE	SYKES 2. DATE OF May 8, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Manager Hoggsital	C. CITY OR TOWN (If outside corporate Umis, wright Ital and give Baltimore
Mercy Hospital	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	734 St. Paul St.
Female White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 1, 1880 9. AGE (in years if Under I Year Mours Min. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longituding to the state of working life, even if retired)	11. BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis D. Syles.	margaret & Rupp.
15. WAS DECEASED EVER IN U. S. ARMED RCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Helen Oursler Wash. fue. Westingto md.
18. 420 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ry artery sclerosis
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
ZIR PLACE OF INTERVALA	YES X NO
218. PLACE OF INJURY (e.g., i underlying in cause of death.	n or 21C. WHERE DID (If in Baltimore City, give exact location) industrial in
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described of	bove, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or 1	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated above X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER May 9, 1951
24A. BURIAL, CREMA-/ 24B. DATE 24C. NAME OF CEMETE	
Bunal may 11, 1951 Lusters	Westmiste mol.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

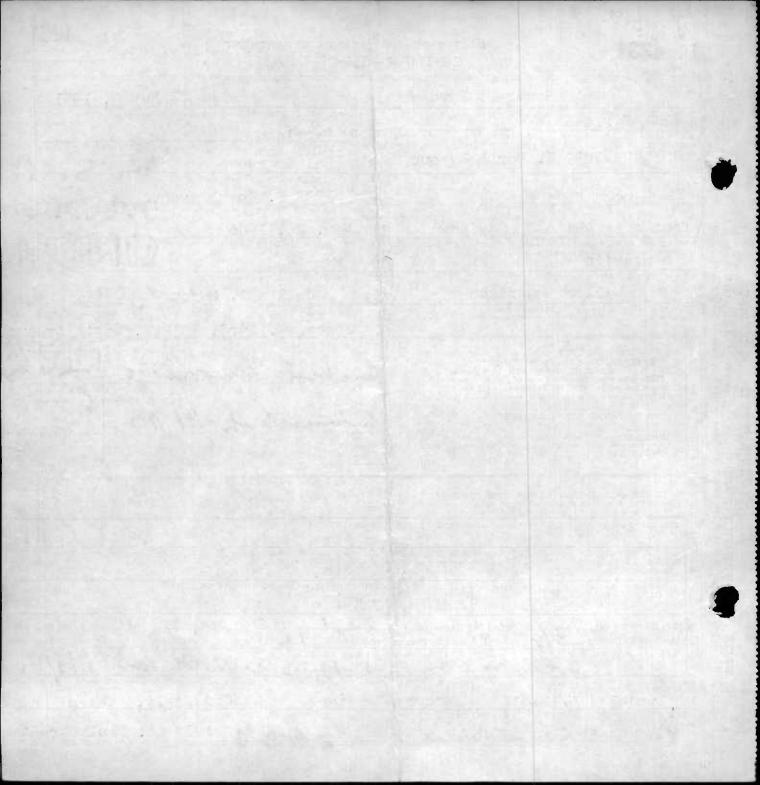


BALTIMORE CITY HEALTH DEPARTMENT

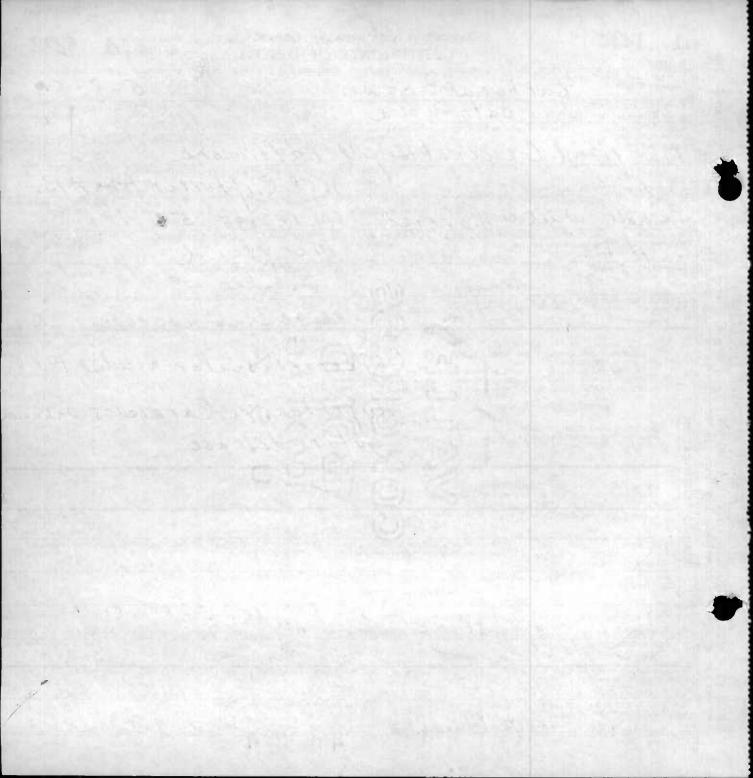
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information s	s of death clea	
E P. C.Y, WITH UNFADING INK. Every item of information should be cy	write the causes	
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UNFADING	Physicians:	
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MARGIN RESERVED FOR BINDING	PLEASE WRITE P. CY, WITH UNFADING INK. Every item of information should be cy correct age is especially important. Physicians: please write the causes of death clearly and leg	C. I 5. S fee 10A workd 13.
MARGIN RESERV	UNFADING INK. F	MEDICAL CERTIFICATION
	LY, WITH	MEDICAL
	PLEASE WRITE Pr correct age is especia	24AA TION

1	423		DA.	CERTIFIC	CATI	E OF DEAT	TH	Registered N	Vo
=	RTH NO.			OLIVIII IV	-, , , ,	- Or DERT			
	NAME OF D		h C.	Byrd				of May	9, 1951
	Baltimore	City, Maryland				4. USUAL RESID	DENCE (Who	ere deceased lived. If B. COUNTY	institution: residence before ndmission)
В.	FULL NAME		al or institut	ion, give street add		Marylan			
	SPITAL OR	1232 E. N	orth		cation)	c. CITY OR TOW		itside corporate limit	s, write RURAL and give township)
- 5	/ V	75 JC 11	101 011 1	avenue		Baltimo			
c.	Length of s	stay in Baltimore			Yrs. Mos. Days	D. STREET ADDR		Avenue	9-08
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED	(Specify)	8. DATE OF BIRT		9. AGE (In years) II	Under I Year Il Under 24 Hours It ours Min.
1	emale	white		dowed	(1.5/1/1.3)	Nov. 20,	1866	84	Trans Trays Trouts mill.
1C worl	A. USUAL OC done during most NOUSE	CCUPATION (Give kind of of working life, even if retired) W1fe	10B. KIND		OR USTRY	Maryland		ign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME				14. MOTHER'S M	AIDEN NAM	IE I	
		William Har	rison		160	Salli	e A. M	ason	
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		17. INFORMANT			DDRESS
420	s, no or unanown)	(11 300, BIVO WAL OF BALE	s of service)	SECURITY		Joseph W.	Byrd.	1232 E. 1	North Amenn
	18. 420	3.0		CAI		OF DEATH	2,714	7676 TO	INTERVAL BETWEEN
	/	SE OR CONDITION	DIRECTLY				11		ONSET AND DEATH
		LEADING TO DEAT	ГН	Z., (A)	Cen	e mal	Hem	mhare	- Trusy 2 day
	heart failt	are, asthenia, etc. It mea complication which c	ns the diseas	e,			*** ***********************************	Ø	
				.,				111 0	
7		ANTECEDENT CAUS	ES	(B)	a	knowl	ente	onhage Ht Dis.	
OLL	DISEASE RISE TO T	S OR CONDITIONS, II	F ANY, GIVIN	IG	*************	***************************************		······································	***************************************
CAT		YING CONDITION LA		(C)					
FIG				(0)					
RTI	OTHER 9	II SIGNIFICANT CONDI	TIONS CON						
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D.					
0			THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	FINDINGS OF	OPER	ATION		III	20. AUTOPSY?
AL									YES NO
EDICAL		R CONTRIBUTING		ACE OF INJURY farm, factory, street, offi				in Baltimore City, a	rive exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OC	CURRI	D 21F. HOW DI	D INJURY	OCCUR?	
	OF INJURY		m.		WHILE				
	22. I herch	on certify that I att	ended the		m	m / 19.	51 to m	se. 9 195	that I last saw the
	deceased a	live on 5/8	1951	and that death	occur	red at 1 h m	from the	causes and on th	, that I last saw the he date stated above.
Е	23A. SIGNA	TURE			2	3B. ADDRESS			23c. DATE SIGNED
		Sol	Som		D.	1223	E. N		1 5/9/51
710	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE Specify)				RY OR CREMATORY		CATION (City, town,	or county) (State)
_	buria			Asbury	Cem	etery		isfield,	Maryland
	ATE RECEIVE		SSIGNATU	JRE		25. FUNERAL DI		1030 0	
_	MAY 1 C	195 Musting	Agra / Vol	Laure Her	5	Mm. Cook	Mc.	1217 St. I	Paul Street
	VS 150	A		1 1	M I				0.5



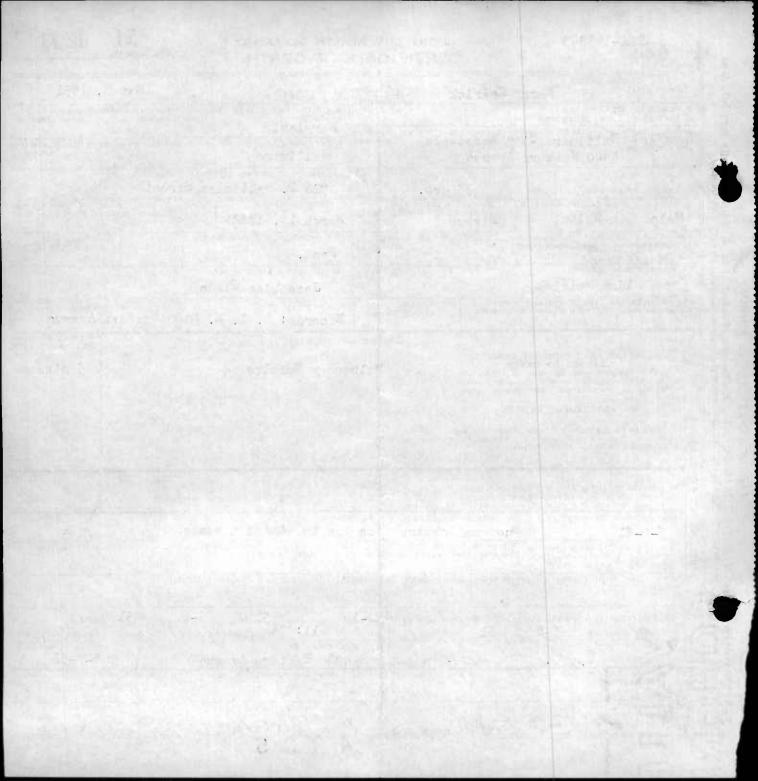
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Barbara OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION (If outside corporate limits, write RURAL and give C. CITY OR TOWN al nar ADDRESS Yrs. (If rural, give location Mos. c. Length of stay in Baltimore View Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) II Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 1895 clearly 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle · W 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO 10 443X 18. CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO Cardiovas_Unknown ANTECEDENT CAUSES NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE disease UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH INL' 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE V'3 9.61, to_ 195 that I last saw the 22. I hereby certify that I attended the deceased from. TE deceased alive on . . & 19 51, and that death occurred at 11 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRES 23c. DATE SIGNED 24A. BURHAT CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 218 Mar 100 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



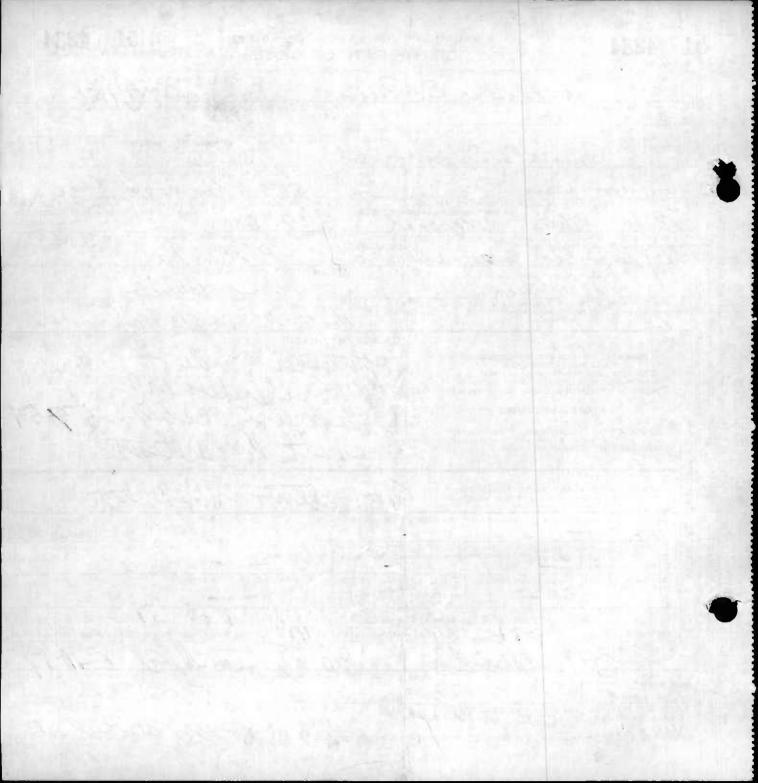
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42	REA.	-14	59	43
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	A OREA-	-145943	BAI	LTIMORE CITY HE	EALTH DEPARTMENT	51	4233
B	IRTH NO.			E OF DEATH	Registered No.		
1.	NAME OF D	eceased K ari	y Medri	ek (/+ E T	RICK)	2. DATE May 8	3, 1951
							stitution : residence before admission
8. H 1		Baltimore 5 4940 Eastern		ion, give street address or itals location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and given Baltimore township		
c.	9/	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 726 E. Baltimore Street 5 - 0/		
5	Male	6.COLOR OR RAC	E 7. SINGL	E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years Un last birthday) Mont	der Tysar II Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working life, even if retired) What Clark Clark Penn.							
13	FATHER'S N				14. MOTHER'S MAIDEN NAME		
Adam Hedrick					Tosephine Slade		
(Ye	s, no or unknown)	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	Records: B. C. H. 4940 Eastern Avenue		
	18. 570.5 CAUSE OF DEATH						INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,						5 minutes
	heart failui	heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.) DUE TO						
Z	ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-							***************************************
E							
ERI		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
ü	TO THE DISEASE OR CONDITION CAUSING IT.						Lac Miltoneya
AL	5-4-51 Duodenal obstruction					onds	YES NO
EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or line) (If in Baltimore City, give exact location) INJURY OCCUR?						
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	while at work at work						
	22. I hereby certify that I attended the deceased from 2-14, 1951, to 5-8, 1951, that I last saw th						
	deceased alive on 5-8 . 1951 and that death occurred at 11:354n., from the causes and on the date stated above						
	(late Restant Arouse						23c. DATE SIGNED
24a. BURIAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OR OREMATORY 24b. LOCATION (City, town, or county) (State)							
Burial 5/11/51 Waugh Chaptel Bulto Co. Mil.							
D	ATE RECEIVED		R'S SIGNATU	IRE	25. FUNERAL DIRECTOR		DDRESS
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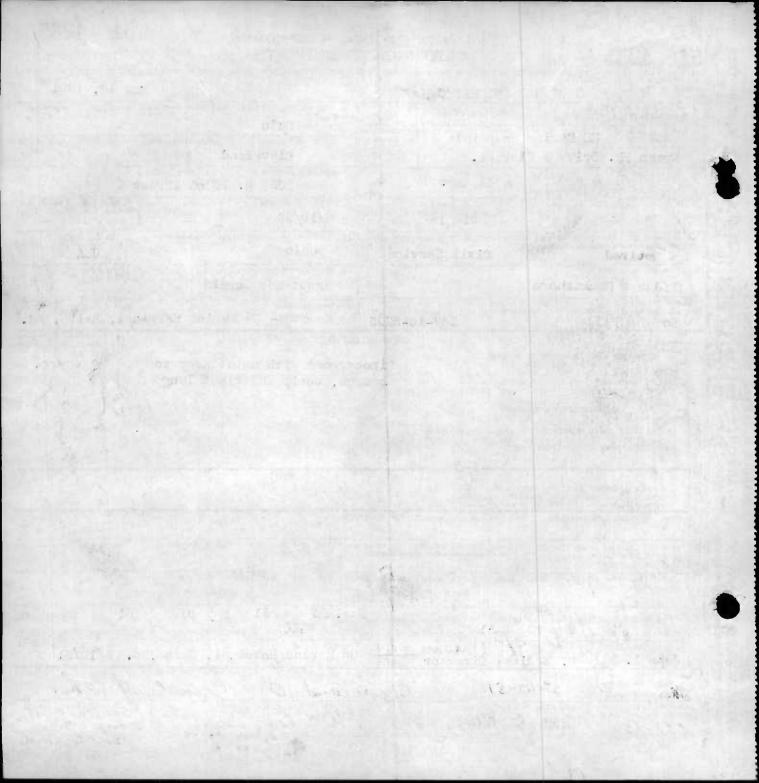


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore 5M20000 Daya should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) II Under I Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. MALARIZA clearly 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during months working life, even if retired) INDUSTRY WHAT COUNTRY? hird Engineen information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL 17 INFORMANT ADDRESS (If yes, give war or dates of service) (Yee, no or unknown) SECURITY NO causes Jo INTERVAL BETWEEN 18. CAUSE OF DEATH item 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., te RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ATION (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: (C) RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OFERATION 20. AUTOPSY AL important. YES DIC 218. PLACE OF INJURY (. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH INL Y 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 5 . that I last saw the RITE is esp esp 19 m. from the causes and on the date stated above. deceased alive on and that death occurred at. 23A. SIGNATURE 23c. DATE SIGNED 24C NAME OF CEMETERY OF CREMATED 24A, BURIAL, CREMA TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City town, or county) 00448 Surial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNA 25. FUNERAL DIRECTOR LOCAL REGISTRAR



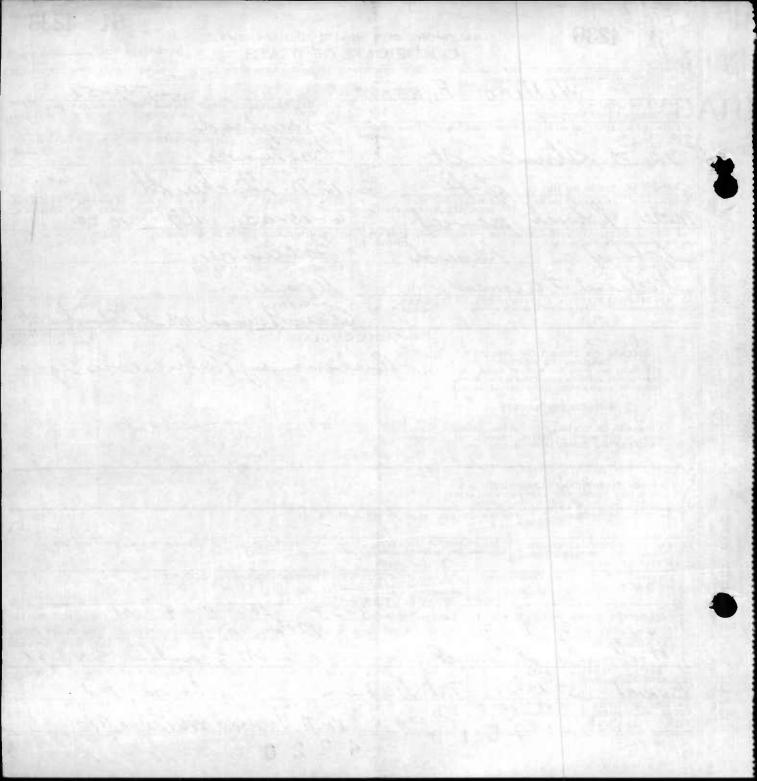
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MARGIN RESERVED FOR BINDING	PLEASE WRITH INLY, WITH UNFADING INK. Every item of information should be	write the causes of death clea
MARGIN RESE	I UNFADING INK.	Physicians: please
	THE INLY, WITH	ediec my important.
	PLEASE WRIT	correct age is

- B 4 63 63 60 60	HEALTH DEPARTMENT X 51 4235 ATE OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) GERTRUDE HACKATHORN	2. DATE OF May 10, 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)				
Wyman Pk. Drive & 31st St.	Cleveland township)				
c. Length of stay in Baltimore 44 days	rs. D. STREET ADDRESS (If rural, give location) los. 2034 E. 102nd Street				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S) SINGLE	8. DATE OF BIRTH 9. AGE (In years of blooms 1 Year of Words) 8/15/98 9. AGE (In years of blooms 1 Year of the Under 24 Hours of the				
10A. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) Retired Civil Service					
13. FATHER'S NAME James Hackathorn	14. MOTHER'S MAIDEN NAME Agnes Mac Donald				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give war or dates of service) SECURITY NO 287-16-525					
l'This does not mean the mode of dying e.g. (A)	posarcoma with metastases to ? 4 yrs. domen, scalp and right lung				
TO THE DESERTE OR CONDITION CAUSING IT.					
SAL	YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office	e. g., in or bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from Mar. 27, 1951 to May 10, 1951, that I last saw the deceased alive on May 10, 1951, and that death occurred at 7:50Am., from the causes and on the date stated above. 23a. SIGNATURE John L./ Wilson, Medical Director M.D. US Marine Hospital, Balto, Md. 5/10/51 24a. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) 5-10-51. DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 12.7.7.5.7. FUNERAL DIRECTOR 12.7.7. FUNERAL DIRECTOR 12.7.7. FUNERAL DIRECTOR 12.7. FUNERAL DIRECTOR 12.7. FUNERAL DIRECTOR 12.7. FUNERAL DIRECTOR 12.7. FU					
	91 55E				



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G INK. Every item of information should b	Physicians: please write the causes of death clearly and legibly.
H UNFADING INK. F	hysicians: please w
H L	7. H

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	51 4236 BALTIMORE CITY HEALTH DEPARTMENT	1.00
	CERTIFICATE OF DEATH Registered No.	0
	BIRTH NO. 1. NAME OF DECEASED / 1. DATE	
	(Type or Print) WILLIAM FREEMAN 2. DATE OF DEATH 5-9	-51
	4. USUAL RESIDENCE (Where deceased lived, If in	
	A. Baltimore City, Maryland B. COUNTY	before admission
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate limits,	write RIIRAL and sing
	12. n. Stricker St. Baltimore	township
	Yrs. D. STREET ADDRESS, (If rural, give location)	
	c. Length of stay in Baltimore Left Days 12 n. Stricker St.	19-02
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years)	Under 1 Year If Under 24 Hours
	male Colored married (Specify) 6-15-03 (Last birthday) Mon	ths Days Hours Min.
,	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country)	12. CITIZEN OF
	work done thring work of working life, even if retired) Alexand INDUSTRY Baltimore	WHAT COUNTRY
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	William Freeman Annie?	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. ANFORMANT.	DRESS /
	(Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO.	Luita Ot
	18. CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	2 241si
	heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	
	ANTECEDENT CAUSES	
	O DISEASES OR CONDITIONS, IF ANY, GIVING	
1	UNDERLYING CONDITION LAST,	E GOSTPEAN
	OTHER SIGNIFICANT CONDITIONS CON-	
•	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	O O O O O O O O O O O O O O O O O O O	YES ND
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, gi	ve exact location)
	CAUSE OF DEATH	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from 3-28 1950/to 8-9 1951	that I last saw the
	deceased alive on 5 - 7, 1924. and that death occurred at 0 22m., from the causes and on the	e date stated above
	231. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
	or darland wiself M.O. 902 W. Franklin	5-10-51
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF GEMETERY OR CREMATORY 24D LOCATION (City, town, of TION, REMOVAL (Specify)	r county) (State)
	BURIAL 5-12-51 Mr. Mutura / Fallmore)	nd.
	LOCAL REGISTRAR.	ADDRESS
	MAY 1 U 1951 1 0 F MILLAND, MAR. WM. A. JACKSON, 916 PENNA. 1	AVE.
	VS 150	10 /2
		1 / 1



	G-630	
		EALTH DEPARTMENT 51 4237
	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) ADOIPHUS GARRET	7 2. DATE OF DEATH 5 - 7 - 51.
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A STATE B. COUNTY before admissions.
1	HOSPITAL OR location)	
~ P	c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 9-12-1878 9. AGE (In years Months Days Hours Months Days Month
-	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF
-	13. EATHER SNAME	14. MOTHER'S MAIDEN NAME
3	James Berrett	leave Jones
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	anie Garett. Sob Brune St.
	18. 470.1 CAUSE	OF DEATH INTERVAL BETWO
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	money occlusion 6 h per
	injury or complication which caused death.) DUE TO	

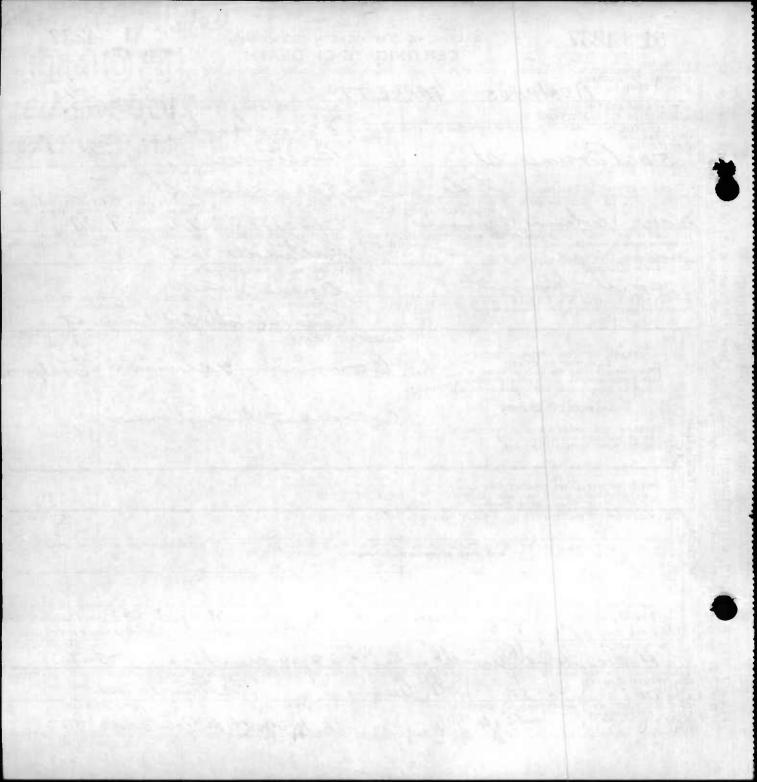
ive location) SE (In years If Under 1 Year I Under 24 Hours st birthday) Months Days Hours Min. ountry 12, CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. $\overline{0}$ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Σ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE WHILE AT WORK AT WORK 1950 . 195 1, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at/2 Mem., from the causes and on the date stated above. deceased alive on 17 238. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) 5-11-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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31	4238 BIRTH NO.	3	•	CERTIFICAT	E OF DEA	TH	Registered N	4500
	NAME OF D Type or Print)	MARY	ANNA I	I SEK		2.	OF DEATH MAY	9.1951
B	B. PLACE OF D A. Baltimore (B. FULL NAME HOSPITAL OR NSTITUTION	EATH: City, Maryland 1	525 Tha	on, give street address o location	A. STATE Md C. CITY OR TOW	VN (If outs	e deceased lived. If B. COUNTY ide corporate limit	institution: residence before admission) , write RURAL and give township)
		tay in Baltimore	69 vr	Yrs. Mos. Days	D. STREET ADD			
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clea	Housew 3. FATHER'S	of warking life, even if retired)	TOB, KIND	OF BUSINESS OR INDUSTR'	Polan	d	n country)	12. CITIZEN OF WHAT COUNTRY?
deat	Mich	eal Makows	¢1		Unkno			
causes of	5. WAS DECEASE (es, no or uokoowo)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Bradley 1	odress St.
ians: please write the	heart failu injury or DISEASES RISE TO T UNDERLY	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	f dying, e. g. ns the disease aused death. ES FANY, GIVING STATING THE	DUE TO VASCO	RIOSCLERO LAR REA ERALIZES	NAL DI	GRDIO- SPASE SCLEROU	15 7?
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ant.		None		FINDINGS OF OPE		DID (If in	Reltimore City	20. AUTOPSY? YES NO D
а ш	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in or below the contribution) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR? 21c. WHERE DID INJURY OCCUR?							
is espec	22. I hereby certify that I attended the deceased from April 28, 1951, to May 9, 1951, that I last saw deceased alive on May 9, 1951, and that death occurred at 10:55 m., from the guess and on the date stated ab 23A. SIGNATURE 7 23C. DATE SIGN							I, that I last saw the he date stated above.
8 2 T	4A. BURAL. CION, RENOVAL (S. Burial	REMA- pecify) May 12	-	M. D. 4C. NAME OF CEMETE		Y 24D. LOCA	TION (City, town,	
	OCAL REGIST	D BY REGISTRAR	SIGNATUE	HOLY KOS	ery Cem. 25. FUNERAL DE Stephen	IRECTOR	owski In	ADDRESS C.
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March 7,1868

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irs. Beatrice Bradley 1625 Thamen

May 12,1951 Holy Rosery Cem. Cerman Hill Road

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE OF May 9, 1951 Annie E. Haman (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate) mits, write RURAL and give C. CITY OR TOWN INSTITUTION 2308 Edmondson Ave. Baltimore township: D. STREET ADDRESS (If rural, give location) Yrs. Lifetime Mos. 2308 Edmondson Ave. c. Length of stay in Baltimore Days 9. AGE (In yours II Under I Year II Under 24 Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) July 18, 1860 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dozen uring most experime life fren if retired) U.S.A.COUNTRY? INDUSTRY Baltimore, Maryland At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Dutton Miria 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ps or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT NOTE BRITY NO. Mrs. Leo B. Cassidy Sr. ATC INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ERTII arteriorlevous generalis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 1977, to May , 1951, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 2 m-5/9/51 and that death (occurred at_2 P.m., from the causes and on the date stated above. 23c. DATE SIGNED 23a. ADDRESS 23A. SIGNATURE 24A. BURIAL CREMA-TION REMOVAL (Specify) Burial 1951 Parkwood Cemeterv Baltimere DATE RECEIVED BY 25. FUNERAL DIRECT REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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Dr. Mendelis 651 Bentalo St. 1-4 PM 6-8 PM

THE RESIDENCE OF TAXABLE PROPERTY. Market Liver

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	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.
(T;	NAME OF DECEASED ype or Print) TRENE E.	HOFFMAN		OF DEATH 10 May
	Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution a B. COUNTY before
B.	FULL NAME OF (If not in hospital	or institution, give street address or location)		wasting to M
IN 17	STITUTION CHURCH HE	HOSPITAL	SECURITY	outside coi porate innitis, willie kto
-		Yrs.		rural, give location)
	Length of stay in Baltimore	Sdays. Mos. Days	NONE	CIVEN 1
5.	SEX 6. COLOR OR RACE 7	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under 1 Year last birthday) Months Days
10	A. USUAL OCCUPATION (Givekindof) 1	OB. KIND OF BUSINESS OR	OCT. 4 1907.	43
ork	done during most of working life, even if retired)	INDUSTRY		MATA
13	FATHER'S NAME	NURSING.	PENNSYL 14. MOTHER'S MAIDEN N	
	VAMES W. HO.	FFMAN	MARU A	HFILE
15	. WAS DECEASED EVER IN U. S. ARMED F		17. INFORMANT	ADDRESS
(2 60	No distribution of the state of	062-16-628	De De	ceased.
	18. 163 X	CAUSE	OF DEATH	INTER
	DISEASE OR CONDITION DE			01132
	(This does not mean the mode of	dying, e.g., (A)	ioch.	
	heart failure, asthenia, etc. It means injury or complication which cau			
	ANTECEDENT CAUSE	s	1 Dland	
NOIF	DISEASES OR CONDITIONS, IF	ANY GIVING	, 5/	
PT	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	TATING THE DUE TO	1	
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E	11	(C)		
ER	OTHER SIGNIFICANT CONDITI	OT RELATED		
0	19a. DATE OF OPERATION 2 198	MAJOR FINDINGS OF OPER	RATION	20.
A	10May 1951	Carcinoma 1	ht Luya.	YES
EDIC	21A. ACCIDENT SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City, give exact
ME		None.		
	21D. TIME (Month) (Day) (Year) (I OF INJURY	Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?
		m. WORK AT WORK		
	22. I hereby certify that I atter	eded the deceased from M	9 191, to	10, 195, that I
	deceased alive on My 10,		rred at p. p.m., from 238, ADDRESS	the causes and on the date s
	224 CICNIATURE		JOS ADDITED	1 230.07
	23A. SIGNATURE has	e M.D.	lund (Anea	onfile 5.
24	Kil han	24c. NAME OF CEMETE	RY OR CREMATORY 240. I	OCATION (City, town, or counts)
24 TIC	AA. BURIAL, CREMA 24B. DATE DN. REMOVAL (Specify)	l M.D. (OCATION (City, town, or counts THAMPTON, P

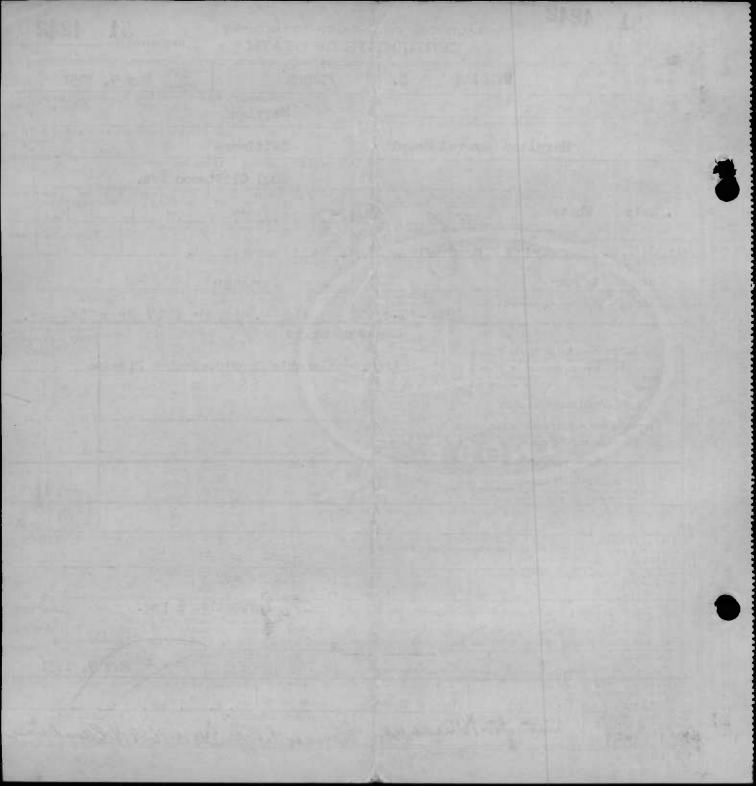
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51 4241 May 1951.
ved. If institution: residence before admission) HINGTON e limits, write RURAL and give township) on) ars H Under 1 Year H Under 24 Hours

Ay) Months Days Hours Min. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES A City, give exact location) 1917, that I last saw the on the date stated above. 23c. DATE SIGNED 5-10-51

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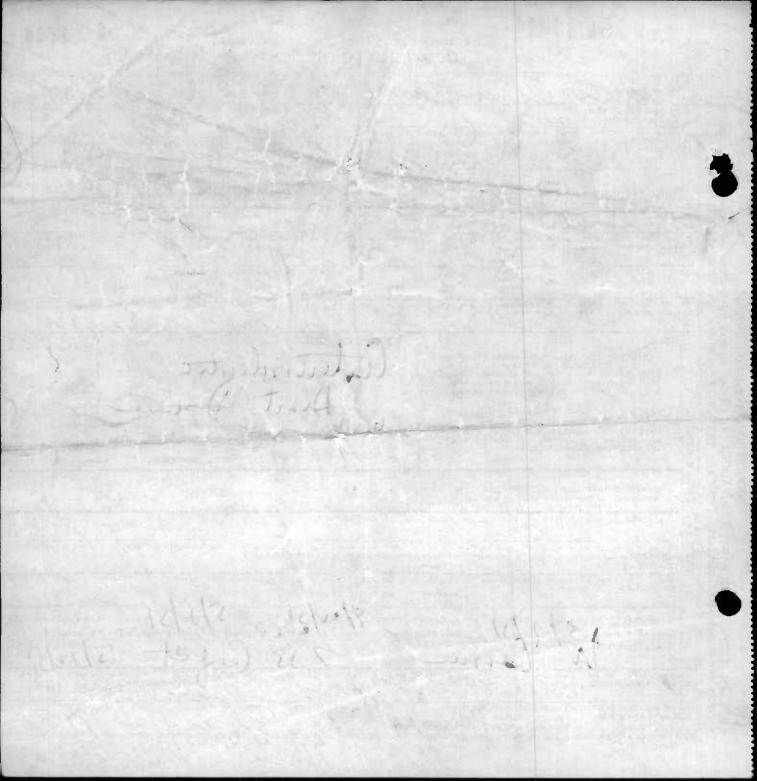
5	51 RTH NO.	4242			EALTH DEPARTMENT E OF DEATH	Registered N	1 4242
1.	NAME OF D	ECEASED	WILLIAM	D.	FISHER	OF May	9, 1951
Α.	PLACE OF D Baltimore (City, Maryland	al or inetitution	n, give street address or	4. USUAL RESIDENCE (W	Where deceased lived. If B. COUNTY	institution : residence before admission
HC	SPITAL OR STITUTION			location)			s, write RURAL and give township
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
~~~	Length of s	tay in Baltimore	7. SINGLE.	Days	8. DATE OF BIRTH		Under 1 Year   If Under 24 Hours
	Male	White	Marr	D, DIVORCED (Specify)	July 14,1877	last birthday) Mo	nths Days Hours Min.
work	doos during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
	FATHER'S	S. Industria	11 Chem	ical Co. Inc	14. MOTHER'S MAIDEN N	MC	
	James	Fisher		(,,	Anna Gardner	•	
15 (Yes	. WAS DECEASI	ED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
(	, 10 01 10 110 10 0,			213-01-9603	Cyntha M.Fish	ner 4017 Gr	anite Ave.
RTIFICATION	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE				
ш		TO THE DEATH, BUT					
7	19A. DATE C	F OPERATION   I	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-	about home, far	E OF INJURY (e. g., i m, factory, street, office bldg.,		If in Baltimore City,	give exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year	WH	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	the ev	idence obtained by	said Autop	sy. Inspection or	above, held an Inspect Autopsy. Inquiry, find that said do s accident . suicide	cceased died on th	thereon and from the day stated above and termined .
	23A. SIGNA		Dense	2-11-3	23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER X M	ay 9, 1951
	Burial (S			4c. NAME OF CEMETE	A. A	OCATION (City, town,	or county) (State)
	ATE RECEIVE DCAL REGIST			liams, May	25. FUNERAL DIRECTOR	Jun 16391	N. BRoadway
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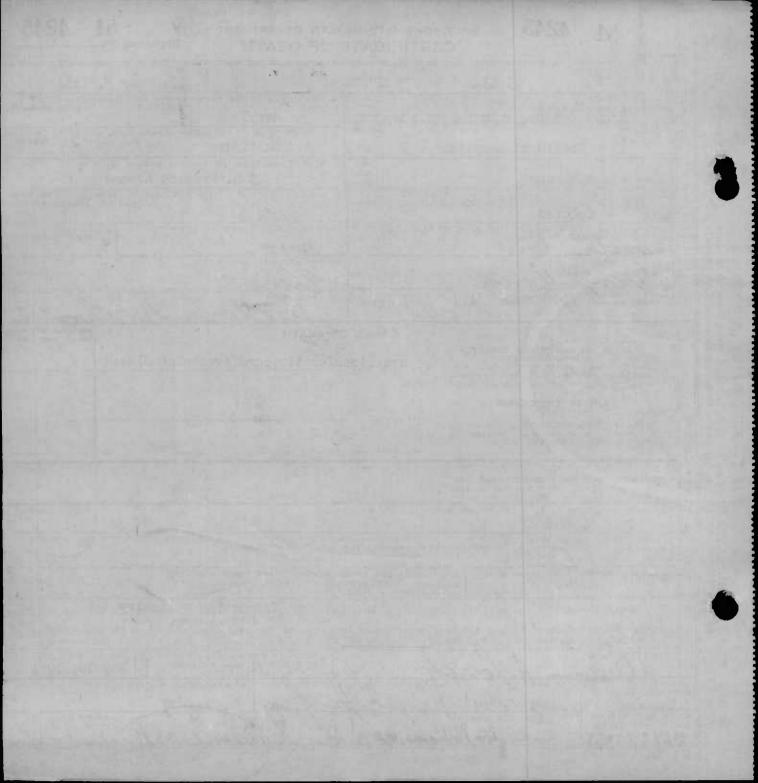
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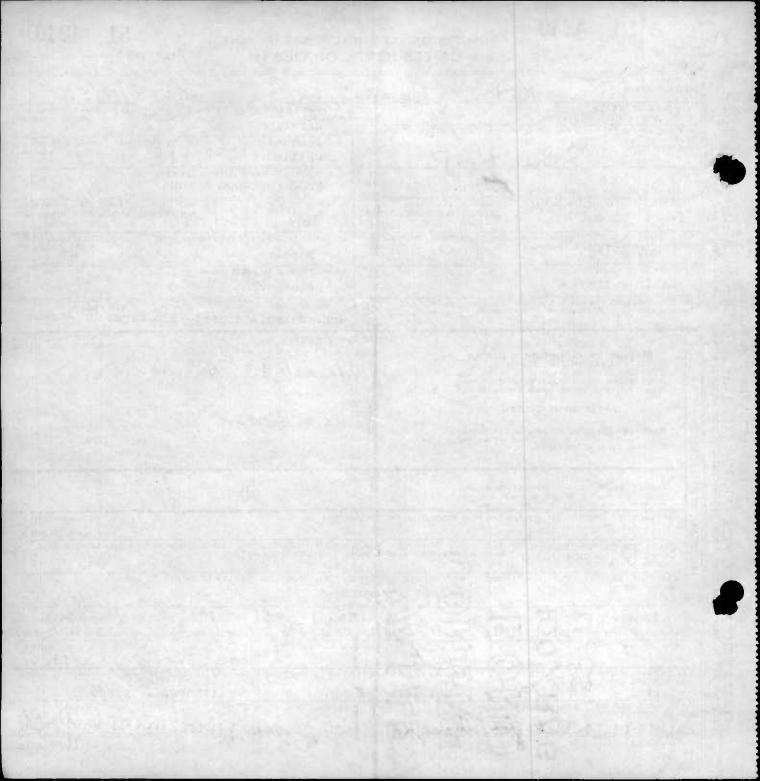
V S 151

51 4245 51 4245 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF WILLITAM YOUNG May 5, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Provident Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1343 N. Fremont Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Your 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Male Colored 10A. OSUAL OCCUPATION (Give kind of work done hurist most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME FATHER'S NAME 15. WAS DECEASED (VER IN J. S. ARMED FRCES? (Yes, no or unknown) (If yes, no war or date in service) 16. SOCIAL DEORMAN ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ATI UNDERLYING CONDITION LAST. (C) ... RTIFIC OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 111 U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... May 10, 1951 MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL. NAME OF CEMETER TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S ADDRESS LOCAL REGISTRAR



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RESE	INK. please
MARGIN	UNFADING Physicians:
	Y, WITH portant.

M.		EALTH DEPARTMENT 51 4246  Registered No.				
The	BIRTH NO.	.   2. DATE _ / 1 .				
supplied.	(Type or Print) Kate Rosen  3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAN RESIDENCE (Where deceased lived, if institution : residence A. STATE B. COUNTY before admission				
ca illy legile.	B. FULL NAME OF (If not in hospital or institution, give street address or location institution)					
	c. Length of stay in Baltimore 60 yrs.  Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2903 Parkwood Avenue				
should be	female   6.COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify WIDOW)	B. DATE OF BIRTH  1874  9. AGE (In years if Under I Year Months Days Hours Min. 77				
of information shouses of death clearly	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NOUSEWIIE  OWN home	11. BIRTHPLACE (State or foreign country) Russia  12. CITIZEN OF WHAT COUNTRY				
rmati	13. FATHER'S NAME Louis Deitz	14. MOTHER'S MAIDEN NAME Rachel ??				
of info	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Maxwell Alpert-2903 Parkwood Avenue				
INK. Every item lease write the cau	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING					
UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY7				
LY, WITH important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	in or   21C. WHERE DID (If in Baltimore City, give exact location)				
ry im	Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK					
PLEASE WRITE I	deceased alive on Mus 16, 19 5 and that death occu	nam 1951, to May 10, 195, that I last saw the carries and on the date stated above 23B. ADDRESS 23C. DATE SIGNED				
ASE W	24A. BURIAL CREMAN 24B. DATE 10N, REMOVAL (Specify) Burial 5/11/51 Bnai Israel 0					
PLE,	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS				
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1		LTIMORE CITY H	EALTH DEPARTMENT	L OT	4247
1	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	
1	1. NAME OF DECEASED William (Type or Print)	R No	Paul	2. DATE MA	10.1951
1	3. PLACE OF DEATH: A. Baltimore City, Maryland	- 11. ace	4. USUAL RESIDENCE	(Where deceased lived, If	1 11
1	B. FULL NAME OF (If not in hospital or institu		ma,		
1	HOSPITAL OR INSTITUTION 3G1G Redge	n At R	Balts	(If outside corporate limits,	write RURAL and give township)
		Yrs.	D. STREET ADDRESS (	If rural, give location)	2
	c. Length of stay in Baltimore	Mos. Days	3919 Rea	geeroft 1	0
1	m III. WIDO	LE, MARRIED, WED, DIVORCED (Specify	726. 22 189	9. AGE (h years   H Un last birthday) Mont	der I Year Hours Hours Min.
		ID OF BUSINESS OR		foreign country) 1	2. CITIZEN OF
T	Leacher full	blic School	Marylan	ed	WHAT COUNTRY!
I	13. FATHER'S NAME Extend.		14. MOTHER'S MAIDEN	NAME /	
ŀ	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	17. INFORMANT	) Lenc	DRESS \
	(Yes, to or unknown) (If yes, give war or dates of service)	SECURITY NO.	Mrs Belma	De Paul (	Zame)
П	Ns. 156,1,	CAUSE	OF DEATH		INTERVAL BETWEEN
1	DISEASE OR CONDITION DIRECTLY		nolin		7 1 11
١	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseringury or complication which caused dear	ase,			3 miles
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, IF ANY, GIV			*******************************	
	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.  U  II  OTHER SIGNIFICANT CONDITIONS CO				
	<u> </u>	_(C)			
	OTHER SIGNIFICANT CONDITIONS CO	on-			
	O TO THE DISEASE OR CONDITION CAUSING				20. AUTOPSY?
1	Buring I feren want	1 Belan	, appea	lus	YES NO
-		CE OF INJURY (e. g., e, farm, factory, street, office bldg.		(If in Baltimore City, giv	e exact location)
	ZID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the			May 10, 1957	that I last saw the
1	deceased alive on May 11), 195			the causes and on the	
	23A. SIGNATURE	0	23B. ADDITES	4 Pertanella	23C. DATE SIGNED
	24A. BUBAL CREMAN ZAB. DATE	24c. NAME OF CEMET	ERY OR CHEMATORY   240.	LOCATION (City, town, or	county) (State)
	TION BENOVAL (Specify) 5/15/51	Parker	ood .	Laylor llv	e Med
	DATE RECEIVED BY REGISTRAR'S SIGNAT	diame Ma	Michael J	131. 11 /	ADDRESS
	WALLIBOIL	Continue Day	Mularea V.	ruger 600	d sentong it
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Dr. Gross. 2404 Entres La 244). mo 1887 6+8

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UNFADING INK. Every item of information should be call Physicians: please write the causes of death clearly and legibra

PLEASE WRITE PLANT, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.							
	NAME OF D		Sneed		•	2. DATE OF DEATH May 9	. 1951	
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If i	nstitution:	residence e admission)
В.	FULL NAME	OF (If not in hospit	al or institution, gi	ive street address or				
	SPITAL OR	1237 E	• Lexingto	n St. location)	c. CITY OR TOWN (I	f outside corporate limits	, write RUR	AL and give township)
	10			Yrs.		f rural, give location)		
				Mos.	D. SIREE! ADDRESS (II	i i di ai, give iocation)		
		stay in Baltimore		Days		xington St.		
٥.	SEX	6. COLOR OR RACE	7. SINGLE, MA WIDOWED, D	RRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mon		Hours: Min.
-	M	C	W	Maria III.	May 10, 1882	68		
10 work	dooe during most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF	INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZE WHAT	N OF COUNTRY
	None			?	N. C.		U. S.	. A.
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME		
		John St	1eeu		?			
15	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?   16.	SOCIAL	17. INFORMANT	AL	DDRESS	
	no	(1) yes, give war or date	B OI SELVICE)	SECURITY NO.	Henry Sneed	1237 E. Lexis	ngton s	St.
	10 11	a and	- 0 V	CALICE	OF DEATH			AL BETWEEN
	18. 16		02 X	CAUSE	OF DEATH		ONSET	AND OEATH
	DISEA	SE OR CONDITION LEADING TO DEA		110	alitera a	1 2		
		s not mean the mode of	of dying, e.g.,	(A)/. / //	stigning of	muy:		
		ure, asthenia, etc. It mes complication which		OUE TO		1		
		ANTECEDENT CAUS			, ,			
7	70 30 00	ANTECEDENT CAUS	5.5	. Pom	ble To			
ō	DISEASE	S OR CONDITIONS, I	F ANY, GIVING	(3)	~	***************************************		
ATION		THE ABOVE CAUSE (A)		DUE TO				
U								
RTIF		11		(C)				
R	OTHER !	SIGNIFICANT COND	ITIONS CON-				1 100.0	
CE		G TO THE DEATH, BUT						
٠.				DINGS OF OPER	RATION		20. A	UTOPSY?
AL	5 3 4 5						YES	] NO [
O	21A. ACCIDI	ENT. SUICIDE,		OF INJURY (e. g., i		(If in Baltimore City, g	ive exact lo	cation)
EDICA	HOMICIDE	(Specify)	aboot home, farm, fa	ctory, street, office bldg.,	etc.) INJURY OCCUR?			
Ξ	0.10 7145	(Month) (Day) (Year)	(Wone)   21=	INJURY OCCURR	ED 21F, HOW DID INJUR	V OCCUP?		
	OF INJURY	(Month) (Day) (lear)			ZIF. HOW DID INSOF	er occorr		
			m. WHILE					
	22. I herch	by certify that I att	ended the dece	ased from C	Mrst , 19 17, to	May 9, 1957	that I la	st saw the
	deccased a	NIA - A			red at & m., from	/ / /		
	23A. SIGNA		-, 131 and		3B. ADDRESS	the equates and on the		E SIGNED
	V	Marri C	Trie		At Aine K 3	1	S/11/2	1
24	4A. BURIAL.	CREMA- 24B. DATE	246	NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county)	(State)
TIC	ON, REMOVAL (S	Specify)						
	Burial	5/13/5		Henderson N		nderson. N. C.		
	ATE RECEIVE DCAL REGIST		S SIGNATURE	MA MAR	25. FUNERAL DIRECTOR		ADDRESS	
AA	AY 1 1 19	51 remote	A MAN AND	0000	A Coo . G. Kels	on 1303 Presst	man St.	
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PLEASE WRITE P. LY, WITH correct age is especially important.

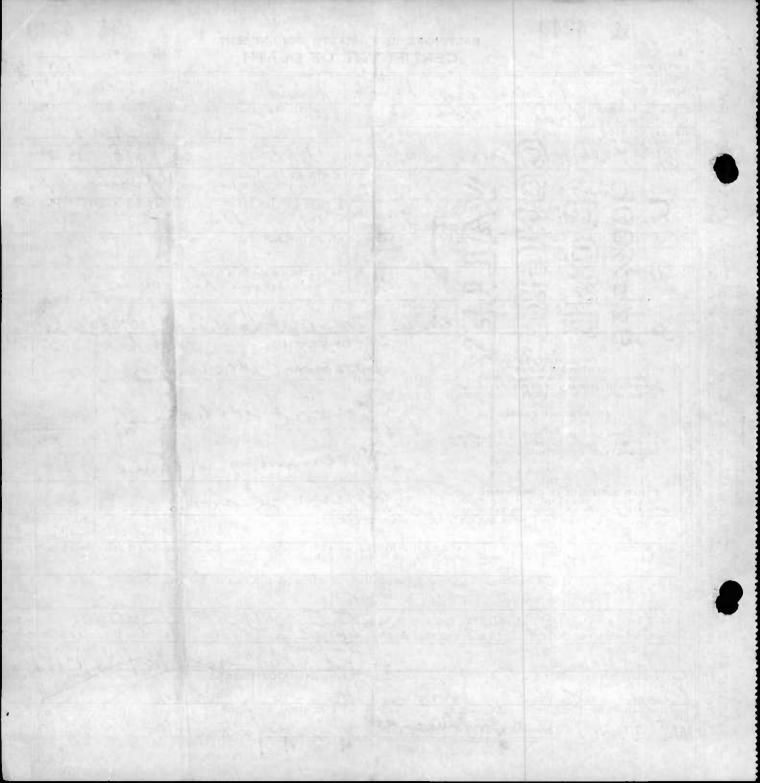
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4	132		CI	FRIFICAT	E OF DEATI	-I Re	egistered No_		
	RTH NO.				E OF DEATH	•			
(1	NAME OF DECE 'ype or Print)	goede	enberg	Jerok	- Jane	2. DAT OF DEA	5.10	2. 1957.	
Α.	PLACE OF DEAT Baltimore City	, Maryland	Bucher	nove	A. STATE MA		ased lived. If inst	itution : residence before admission	
H	FULL NAME OF	(If not in hospit	al or institution,	give street address or location)	C. CITY OR TOWN	(If outside co	roorate limits, w	rite RURAL and give	
17.	ISTITUTION	nklon v	gueso	Hospi for	Back	more		township	
C.	Length of stay	in Baltimore		Yrs. Mos. Days	1307 P	oplus	grov-	e of	
		COLOR OR RACE	7. SINGLE. M	ARRIED.	8. DATE OF BIRTH	9. AGE		r 1 Year   H Under 24 Hours	
-	femile	White.	Bevor		ung. uj	100 4 6	5	Days Hours Min.	
Wor	k done during most of wo	PATION (Give kind of rking life, even if retired)	108. KIND OF	F BUSINESS OR INDUSTRY	11. BYRTHPLACE (S	tate or foreign cou	ntry)   12.	WHAT COUNTRY	
13	FATHER'S NAM	IE,			14. MOTHER'S MA				
	701	hus fr	ven		Justa	n Mo	wn	-	
(Ye	s, no or unknown)	VER IN U.S. ARMEI	D FORCES? 16 of service)	SECURITY NO	17. INFORMANT	4000	ADDF	RESS H	
4	0	4		none,	Morton - L	Walnesty	130/09	INTERVAL BETWEEN	
	18. 470	T		CAUSE		1		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., (A)								
	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.) DUE TO								
_	AN	TECEDENT CAU	SES	6	excerca 6	ed them			
NOIL		R CONDITIONS, (ABOVE CAUSE (A)		(B)					
N N	UNDERLYIN	G CONDITION L	AST.	$\mathcal{Q}_{1}$	n long and				
Ē		11		(C)	( - / / 00//	9 401.	ema		
F	OTHER SIGI	II NIFICANT COND	ITIONS CON-	NL	1	1			
H C		THE DEATH, BUT		00/	ferrosel	esonis			
	19A. DATE OF			NDINGS OF OPER	RATION			20. AUTOPSY?	
NA.								YES NO L	
EDIC	21A. ACCIDENT HOMICIDE (	Specify)	21B. PLACE about home, farm,	OF INJURY (e.g., factory, street, office bldg.,	in or 21C. WHERE D etc.) INJURY OCCU		imore City, give	exact location)	
Σ		nth) (Day) (Year	(Hour)   21E	. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR	?		
	OF INJURY			LE AT NOT WHILE					
	22 I houghes a	ertify that I at	m.   wo	1.6	10 /	7:05.10.	10.57+	hat I last saw th	
	deceased alive	on J.10	19 17 and	d that death occu	rred at/2 p. m.,	from the cause	s and on the	date stated above	
	23A. SIGNATA		_, 10, unc	Li	238. ADDRESS /	The tree cause	1/ /   2	3c. PATE SIGNED	
	SAH	anokum	2,91.	м. р.	tranklin	Square	/tos/01:	5/10/5/	
2. T1	4A. BURIAL, CRE	MA- 24B. DATE	10/240	NAME OF CEMET	RY OR CREMATORY	24D. LOCATION	(City, town, or o	county) (State)	
1	Beerel.	5.14.5	1 20	maine la	Me.	Woodlar	on	md.	
	ATE RECEIVED E		S SIGNATURE	Same Man	25. FUNERAL DIR	. (/	AC	DDRESS	

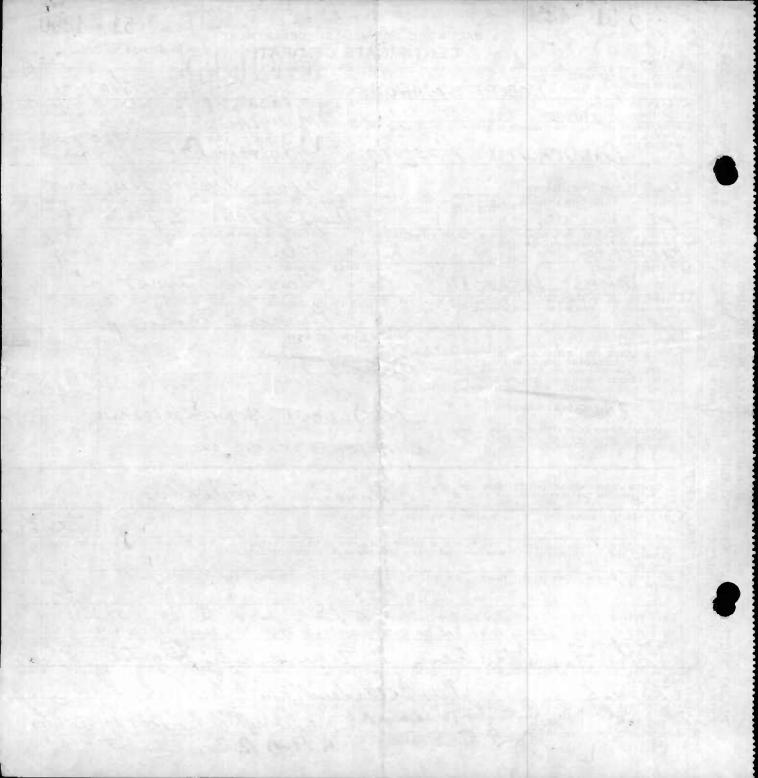


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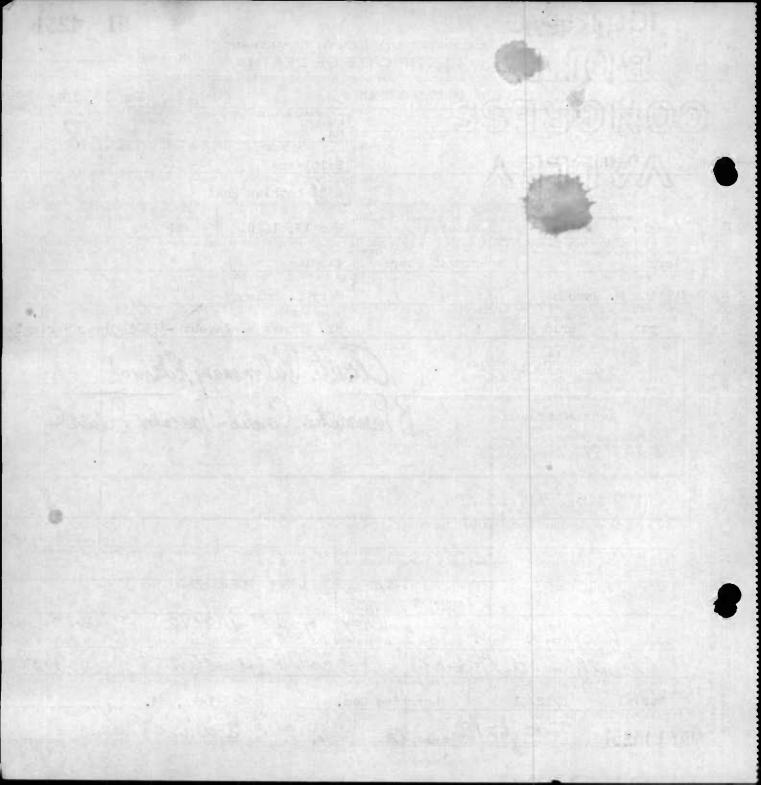
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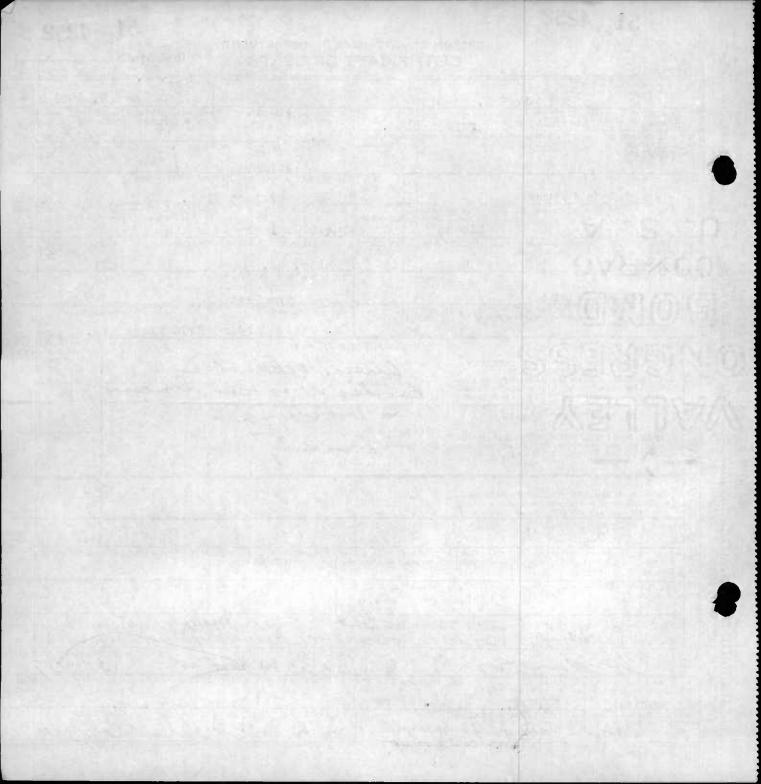
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G.	A	550 51 4251 BALTIMORE CITY HE	ALTH DEPARTMENT		1 4251						
rhe	ВІ	CERTIFICATE OF DEATH Registered No.									
ed. 1	1. (T	NAME OF DECEASED GLADYS DORMAN GOWMAN		2. DATE OF DEATH May	10, 1951						
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If in B. COUNTY	stitution : residence before admission						
in A	LI	SSPITAL OR STITUTION 5525 Lothian Road	c. CITY OR TOWN (If outside conforate mits, write RCRAL and give township								
ca legib,	1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)  5525 Lothian Road								
ld be and 1		Length of stay in Baltimore  SEX  6. CCLOR OR RACE  WINDOWED, DIVORCED (Specify)  Wildowed  Wildowed	8. DATE OF BIRTH May 13, 1895	9. AGE (In years   HU	nds: I Year H Unds: 24 Hours the Days Hours Min.						
n should clearly a	WOL	A. USUAL OCCUPATION (Givekindof doneduring most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY						
	-	Jerk Department Store . FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NA	AME	/						
NG ormati death		illiam H. Jacobs	Mary E. Maloney		<u> </u>						
BINDING of informuses of dec	(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  I, no or unknown) (If yee, give war or datee of service) SECURITY NO.	Mr. Thomas M. Je		DRESS Rd.						
GIN RESERVED FO DING INK, Every if ans: please write the	FICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	matie Cardio-	Joseph &	cincl						
MARGIN F UNFADING Physicians: p	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	,								
Hd .	AL	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION		YES NO						
Y, WITH	4EDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g., in cause of death		f in Baltimore City, gi	ve exact location)						
	4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY MILE AT WORK AT WORK		OCCUR?							
WRITE PI		22. I hereby certify that I attended the deceased from deceased alive on hoy (0, 19 f), and that death occur 23A. SIGNATURE	7 7-1947, toM	he causes and on the	that I last saw the date stated above						
(A)	2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		OCATION (City, town, o	or county) (State)						
PLEASE correct ag		Burial 5/12/51 Lorraine Ce ate received by Registrar's Signature DCAL REGISTRAR	28./FUNERAL DIRECTOR	lawn, Md.	ADDRESS						
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

4.1	6	35 51	4252	50.41	TWODE CITY			51 42	252
The		RTH NO.				TE OF DEAT		tered No	
		NAME OF D		RY A. H	HARDING		2. DATE OF DEATH	May 9, 1	951
y supplied.	B.	PLACE OF D Baltimore ( FULL NAME DSPITAL OR STITUTION	EATH: City, Maryland 28	03 Garr		A. STATE	1 5	NTY bet	JRAL and give township)
ca eg1b	-	Longth of s	tay in Baltimore		Yrs Mo	D. STREET ADDRE	ESS (If rural, give loca	tion)	
should be ca	_	SEX F	6. COLOR OR RACE	7. SINGLI WIDOW Wide	Day E. MARRIED. /ED, DIVORCED (Specially)	8. DATE OF BIRTH	last birtho	day) Months Days	If Under 24 Hours Hours Min.
on shou clearly	10 worl	A. USUAL OC done during most of Home	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUST	11. BIRTHPLACE (S		ZEN OF	
NDING information s of death cl		. FATHER'S Marti	n Bishop			14. MOTHER'S MA			
	15 (Ye	NO DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO	17. INFORMANT	arding 2905 Ri	ADDRESS	
RESERVED FOR INK. Every item lease write the cal	CERTIFICATION	(This does heart failu injury or DISEASES	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication which complication which complication which complication which was also with the complete was also with t	TH  If dying, e. 1  ns the diseas  aused death  GES  F ANY, GIVIN  STATING TH	e, (A) ard	eno ocle lio vom bremi endel	evtir Las des		T AND DEATH
MARGIN I UNFADING Physicians: p		TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
H	AL	19A. DATE C	2 PERATION 1	9B, MAJOR	FINDINGS OF OP	ERATION		20. YES	AUTOPSY?
X, WITE	MEDIC	LYING OF		about home,	ACE OF INJURY (e. 1 farm, factory, street, office blo	g.,etc.) INJURY OCCU	R?	City, give exact	location)
8		OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHI	K	INJURY OCCUR?	t of	
PLEASE WRITE PI correct age is especial		22. I hereb deceased a 23A. SIGNA				urred at f f Am.  23B ADDRESS  3 33 W		d on the date s	last saw the stated above.
ASE ct ag	24 TI	AA. BURIAL, CON, REMOVAL (S	REMA 248, DATE pecify)	51	24c. NAME OF CEME	TERY OR CREMATORY	Randallstown		(State)
PLEAS correct	DLY	ATE RECEIVE	DAD and	S SIGNATI	RE	1 25. FUNERAL DIR		ADDRES BALLS.	ml
		VG 450		199	a united or manufact to a	/ .		_	



C10. 51 4253 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN FRANCIS RAUM MAY 9, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNION MEMORIAL HOSPIT AL BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. PARK HEIGHTS 6701 AVE. c. Length of stay in Baltimore Daus 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Montha Days Hours Min. WIDOWED, DIVORCED (Specify) M APRIL 22 , 1867 84 10A, USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY RETIRED- Gardner MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE RAUM MARGARET (UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO MRS CAROLYN KAUM UNKNOWN NONE 6701 CAUSE OF DEATH 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ARTERIOSCLEROSIS GENERALIZED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CERTIFICATION APPROVED BY ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADIME. Physicians: THEF OR ASST, MEDICAL EXAMINER. ī RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш INTERTROCHANTERIC FRACTURE RIGHT FEMUR TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION CA 30. INTERTROCHANTERIC FRACTURE KIGHT FEMUR 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER-EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? CAUSE OF DEATH NURSING HOME 6701 PARK HEIGHTS 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR 21E. INJURY OCCURRED OF INJURY NOT WHILE APRIL 29. 1951 WORK 22. I hereby certify that I attended the deceased from APRIL 29, 1951, to MAY 9, 1951, that I last saw the deceased alive on MAY 9, 19,51, and that death occurred at 10:35 p.m., from the causes and on the date stated above. 23A, SIGNATURE

11 DAYS 20. AUTOPSY (If in Baltimore City, give exact location) Slipped and fell to floor 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Balto., Md. Western Cam ADDRESS FUNERAL DIRECTOR

before admission)

If Under 24 Hours

WHAT COUNTRY

12, CITIZEN OF

ADDRESS

U. S. A.

PARK HEIGHTS A

ONSET AND DEATH

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Buria

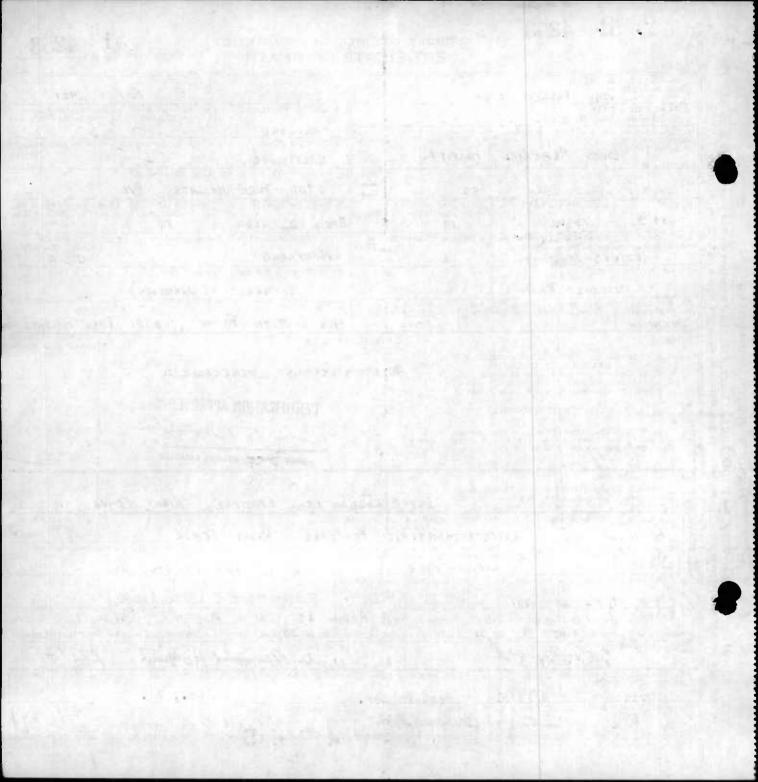
DATE RECEIVED BY

LOCAL REGISTRAR

24B. DATE

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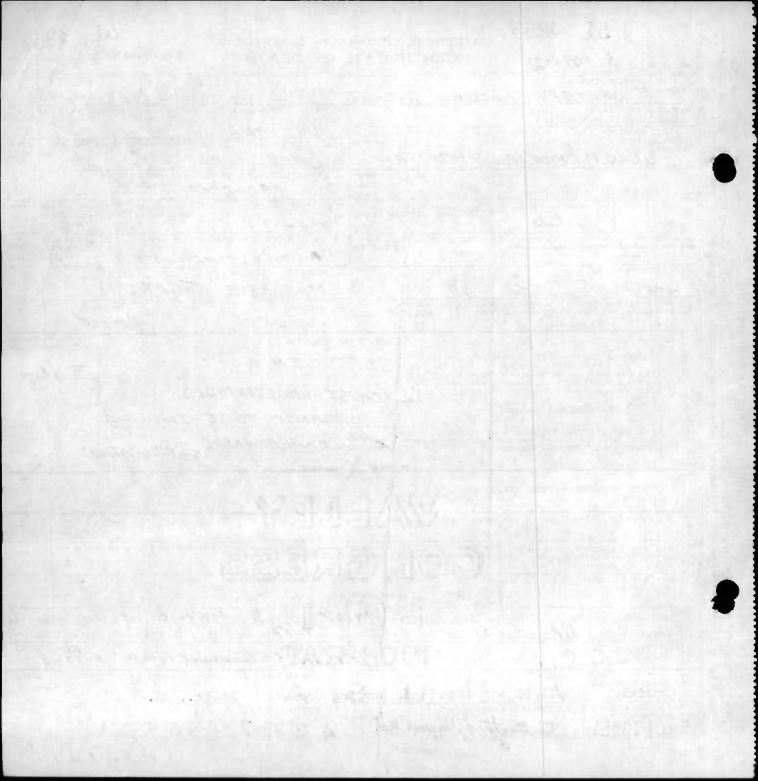
REGISTRAR'S SIGNATURE



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MARGIN RESERV	UNFADING	Physicians.
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	PLEASE WRITE NLY, WITH UNFADING INK. I	correct age is especially

100	63 S	51 4254		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered	51 4254
	NAME OF Drype or Print)	Reichhardt,	Laura	E.		2. DATE OF DEATH May	10, 1951
A. B. H IN	SPITAL OR	City, Maryland F OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (If	here deceased lived, I	
and legiory	St. Agne	tay in Baltimore	LIKENS .	Yrs. Mos.	Baltimore D. STREET ADDRESS (If a		
	emale	6.COLOR OR RACE	WIDOW	yrs. Days E. MARRIED. /ED. DIVORCED (Specify) rried	8. DATE OF BIRTH Aug. 27.1864	9. AGE (in years)	ff Under 1 Year II Under 24 Hours Ionths Days Hours Min.
2 10	DA. USUAL OC	CUPATION (Give kind of no working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.
	Henry N		diff		14. MOTHER'S MAIDEN NA		
O (Ye	S. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT  Mr. Charles F.	,	ADDRESS Rd.
CERTIFICATION	heart failu injury or DISEASE: RISE TO T	LEADING TO DEAT s not mean the mode of the, asthenia, etc. It mea complication which c  ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. g ns the disease aused death ES FANY, GIVIN STATING TH	(B) Larc	7	heast	uchen 4dez
	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	FINDINGS OF OPER	ATION	al Dise	20. AUTOPSY?
MEDICAL	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	n nr   21c. WHERE DID (If	in Baltimore City,	YES ND P
, KIII	21D. TIME OF INJURY	(Month) (Day) (Year)	14	21E. INJURY OCCURRI		OCCUR?	
age is especial	deceased at 23A. SIGNA 4A. BURAL, GON, REMOVAL (S	TUPL H. Ca	ended the	deceased from 5- and that death occur  M. D 24C. NAME DF CEMETE	Tred at m., from the 3B. ADDRESS  RY OR CREMATORY 24D. LC	te causes and on the cartien (City, town	23c. DATE SIGNED
Louis Correct	Buria ATE RECEIVE OCAL REGIST Y 1 1 9	D BY   REGISTRAR	S SIG	RE ME	d Mam. Pk. ABal	cher Kyn	ADDRESS

. T . nuntilala LAKE WELLENGERS FRE de Hall., en Am 



12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

ONSET AND DEATH

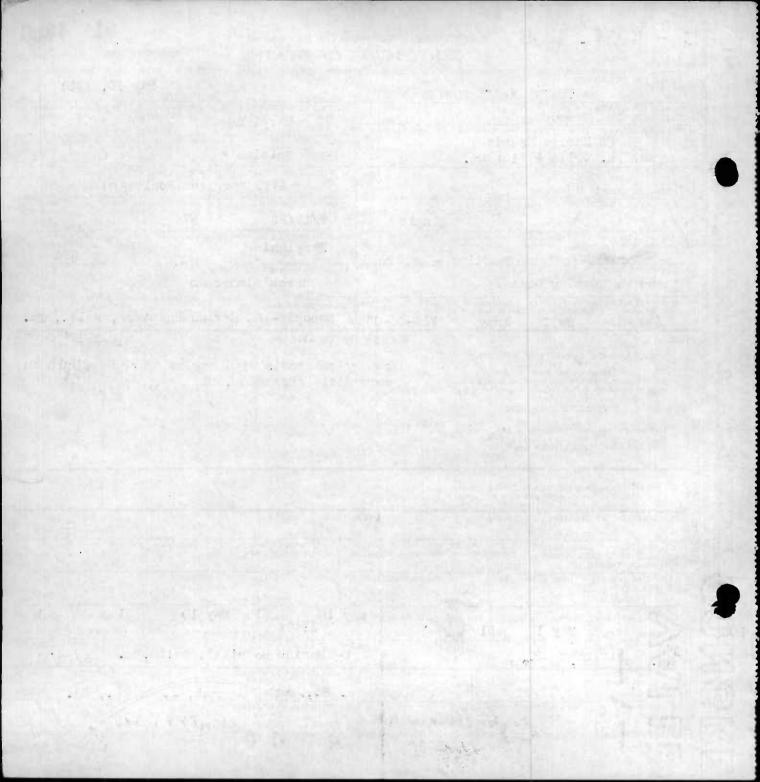
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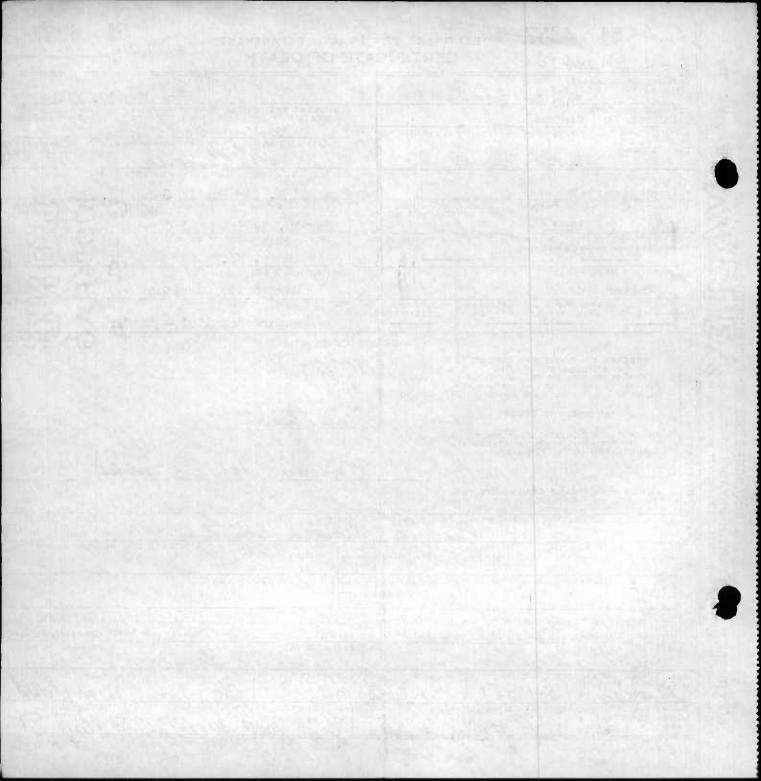
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USA

before admission)

Trinity Meth. E. South Patuxent, A. A. Co.





WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES NO (If in Baltimore City, give exact location) . 19__ , that I last saw the J.m., from the causes and on the date stated above. 23c. DATE SIGNED LOCATION (City, town, or county) ADDR

before admission)

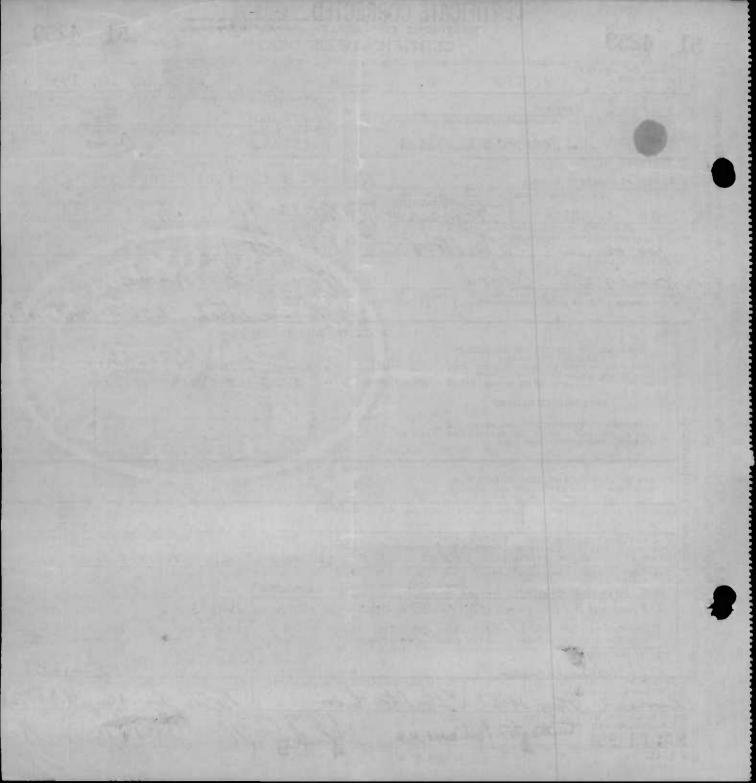
If Under | Year

12. CITIZEN OF

Linkson V & woner hall Editor Services

Registered No CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) of May 10, JOSEPH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSEL AL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give St. Joseph's Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 626 North Port Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year should be last birthday) Months: Days Hours: Min. WIDOWED, DIYORCED (Specify) Male 10A. USUAL OCCUPATION (Give kind of) M. BIRTHPLACE (Spate or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) tereman information s of death cle PATHER'S NAME MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND OEATH item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gun Shot wound of chest involving (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, bux heart - intrathoracic hemorrhade injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ATI UNFADING Physicians: p (C) ... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY TLH important. 21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? In rear of 3411 Northern Parkway 210. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY Firearms between 11:30 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry WRITE the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion-resulted from: natural causes 🗌, accident 🌠, suicide 🔲, homicide 🗀, undetermined 🛣 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER PLEASE W ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C. NAME OF CEMETER CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR VS 151

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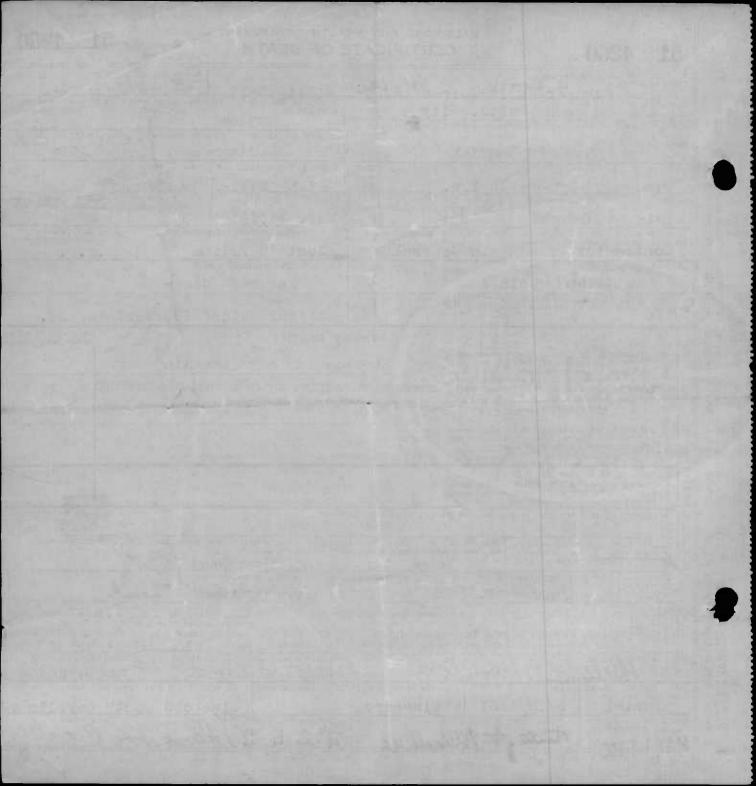


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

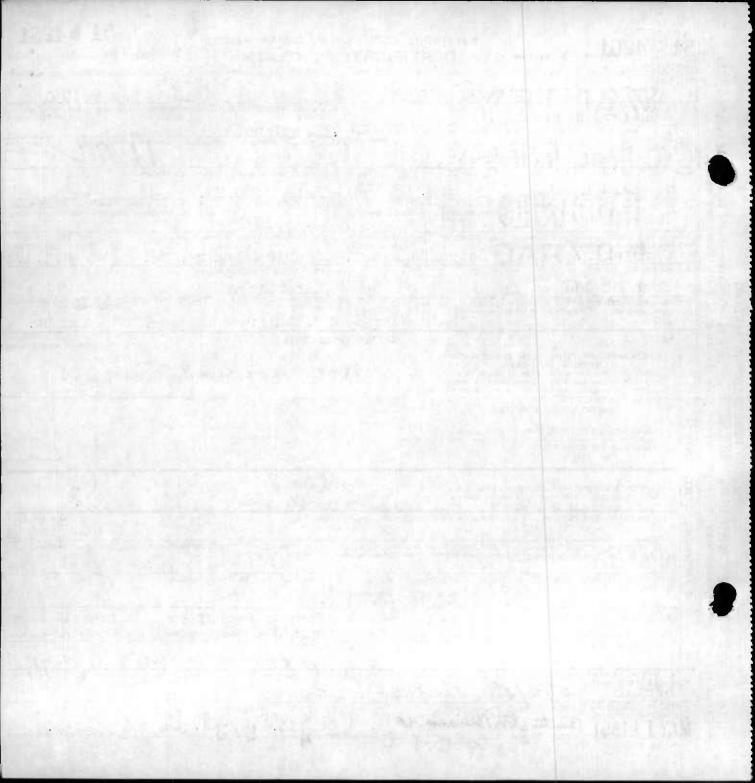
Registered No.1 4260

B	RTH ND. TOU	
	. NAME OF DECEASED Type or Print)	2. DATE
	John Franklin Goines (klais)	Willie Hell DEATH May 4, 1951
A	Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. CDUNTY before admission) Maryland
	FULL NAME DF (If not in hospital or institution, give cet address or location)	C. CITY OR TOWN (If outside corpor to limits write LURAL and give
	NSTITUTION Provident Hospital	Baltimore township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
	Mos.	
	Length of stay in Baltimore 15 Yrs. Days	I607   lan lem avenu   8. DATE DE BIRTH   9. AGE (In years   If Under   Year   If Under 24 Hours
	WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours: Min.
	Male   Colored   Sept.	Mar. 15.1916 35
	OA. USUAL OCCUPATION (Give kind of the local process of the local proces	
	Contractor In General	South Carolina U.S.A.
1	J. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Goines	Rebecca Jones
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   16. SECURITY ND.	17. INFORMANT ADDRESS
1	110	Hesicar Goines 1902 Orleans ST.
	IB. F 982X CAUSE	OF DEATH
	DISEASE OF CONDITION DIFFCTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	wound of chest involving heart
		massive intrathoracic hemorrhage
	injury or complication which caused death.) ADIEAR WILLIAM	mapping indiamonacia neworthapa
	ANTECEDENT CAUSES	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
MA	(C)	
ERTIFICATION	1!	
F	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
0	19A. DATE OF OPERATION 19B. MAJDR FINDINGS DF DPER	The state of the s
AL AL	21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e. g., in	
SIC	UNDERLYING N OR CONTRIB. about home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?
LEDI	UTING CAUSE OF DEATH. House	933 Wilmer Court
Σ	DE INTIES	
	5/4/51 10:00 P.m. WHILE AT NOT WHILE AT WORK	X   Sharp instrument
	22. I certify that I took charge of the remains described a	bove, held an Autopsy thereon and from
	the evidence obtained by said Autonsy, Inspection or I	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated above,
	and death in my opinion resulted from: natural causes	s [], accident [], suicide [], homicide [X. undetermined [].
	23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER
		.D.   MEDICAL INVESTIGATOR
2 T	4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burial   5/13/1951   Winsboro	Winsboro South Carolin a
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25 UNERAL DIRECTOR ADDRESS
18	MAY 1 1952 Thursty for Tollique WE O	Chrospo il door 1000 Builty
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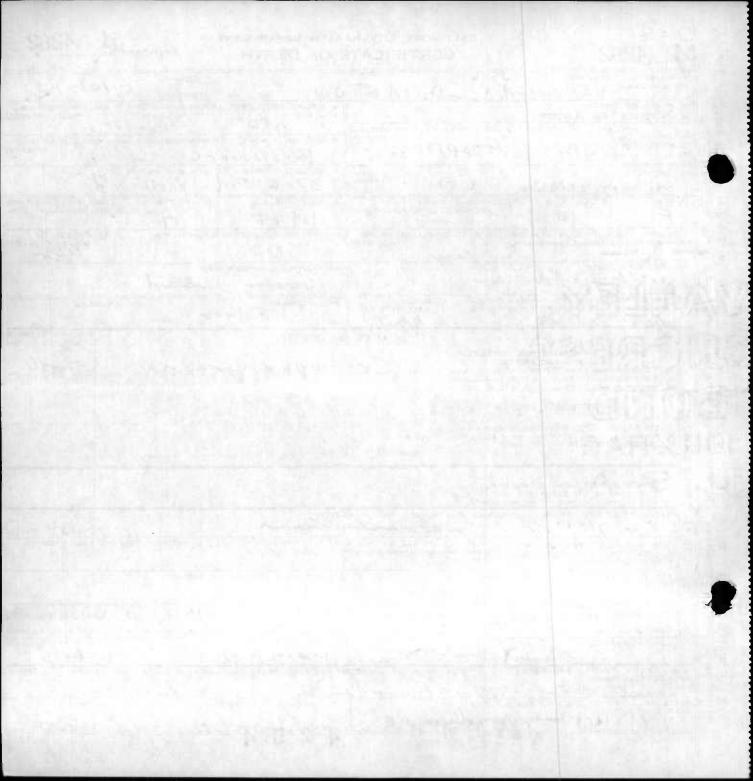
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23. 51	5 426	1	BAI		EALTH DEPARTMENT E OF DEATH	Registered No	1 4261
1. NAME (Type or F		ALFRED B	ERNARD	HIGDON		2. DATE OF DEATH MAY	9,1951
3. PLACE		EATH: ity, Maryland			4. USUAL RESIDENCE (		stitution : residence
B. FULL N HOSPITAL	NAME O		tal or institut	cion, give street address or location)	Maryland	f outside corporate imits,	before admission
40	1011	1208 John	Stree	t	Baltimore	11-0	township
	h of st	ay in Baltimore	50	Yrs. Mos. Days	1208 John S		
5. SEX		6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify) P10d	8. DATE OF BIRTH	9. AGE (In years) HU	nder I Year If Under 24 Hourstham Days Hours Min
work done duri	AL OCC	CUPATION (Give kind o working life, even if retired	Not	of Business or INDUSTRY	11. BIRTHPLACE (State or 1		2. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATH	ER'S N	AME		200.00	14. MOTHER'S MAIDEN N		U.D.A.
		lgdon	X 60 E		Kate Lloyd		
15. WAS D (Yee, no or un	ECEASEI	EVER IN U. S. ARME (If you, give war or dat	D FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Winifred		John St.
RISE	EASES TO TH	OR CONDITIONS, E ABOVE CAUSE (A) ING CONDITION L	IF ANY, GIVIN				
F	TER SI	GNIFICANT COND	ITIONS CON	a. a	othentis		2
LL TRIE		TO THE DEATH, BUT			emontorilo		?
19A. D.	ATE OF	OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		YES ND
LYING		NT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g., i [arm,factory,street,office bldg.,	D OF 21C. WHERE DID (obc.) INJURY OCCUR?	If in Baltimore City, given	ve exact location)
210. T. OF IN.		Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	1380011
	hereby scd ali	certify that I at	tended the	deceased from	rred at 3-IA m., from		that I last saw th
-	IGNATI		loop		38. ADDRESS & Pres	m H.	23c. DATE SIGNED
24A. BUR TION REMO BUR				24c. NAME OF CEMETE New Cathedra		OCATION (City, town, o	r county) (State)
DATE RECLOCAL RI	EGISTR	BY REGISTRAR			25 FUNERAL DIRECTOR H. Sander & St Balton 13, 1	ons, Inc. A	ADDRESS .
Vs	150	6	- Parada Para	ASMIN TO THE	1 4 2 5 9	J. J.	930



5	1 1000	IEALTH DEPARTMENT 51 TE OF DEATH Registered No.	4262
1	NAME OF DECEASED JOAN Type or Print) VEROIVICA & EDRING	TON 2. DATE OF DEATH 5/1	0/5/
1	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
F	FULL NAME OF (If not in hospital or institution, give street address of Cospital OR location		-
	NERCY HOSPITAL	Baltimore 9-1	township
	Length of stay in Baltimore Life Mos. Days	3706 Dld Vaul P	1.
5	F 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years) H Und	ler I Year If Under 24 Hours Days Hours Min.
1 10	OA, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
	albert Edwardon	Vermin Rolland	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  16. SOCIAL  SECURITY NO.  Norw	17. INFORMANT Father ADD	RESS
TIFICATION	DISEASE OR CONDITION DIRECTLY	of death aniophavymeema	Tw/6
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION Lemma	20. AUTOPSY?
IEDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING Obout home, farm, factory, street, office bldg.		exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from 3	13/ 51 , 19 , to 5/10/51 , 19 , t	that I last saw the
	deceased alive on 5/10/51, 19 and that death occu	arred at G-35 Pm., from the causes and on the	date stated above
	Mogast Kel M.D.	mary (400.	5(10/51
T	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET ON, REMOVAL (Specify) May - 14-1951 Lorrane	ERY DR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR A	DDRESS

City #1. 57E

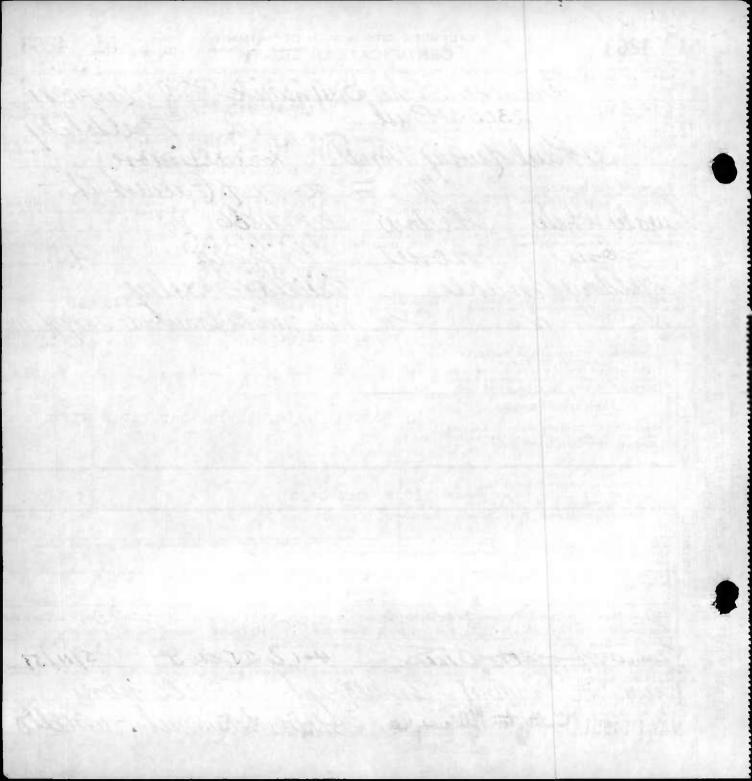


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give str et address or HOSPITAL OR location) (If outside corporate limits, write RURA) and give C. CITY OR TOWN INSTITUTION tewnship) legibly Yrs. D. STREET ADDRESS (If rural give location) Mas c. Length of stay in Baltimore Dav and 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDDWED, DIVORCED (Specify 8. DATE OF BARTH H Under 1 Year 9. AGE (in years | M Under | Woor | M Under 24 Hours | last birthday) | Months: Days | Hours | Min. should learly an 11. BIRTHELACE (State or foreign country) IOA. USUAL OCCUPATION (Givekind of BUSINESS OR 108. KIND 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death cle Long 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes Jo Every item write the cau 18. INTER CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., 2 days Uremia (A) ... heart fuilure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Chronic Interstitial Nephritis unknown RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Virus Pneumonia Ш days. TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL WITH important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCURT LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE! WHILE AT AT WORK WORK toWay 10th. 1951 that I last saw the 22. I hereby certify that I attended the deceased from Apr. 6th. WRITE deceased alive on May 10th 19 51, and that death occurred at 0:25 m, from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED PLEASE W BURIAL, CREMK-24c. NAME OF CEMETERY OR CREMATORY 84b. LOCATION (City, town, or county) TION, REMOVAL (Specify DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR STATE OF SAME VS 150

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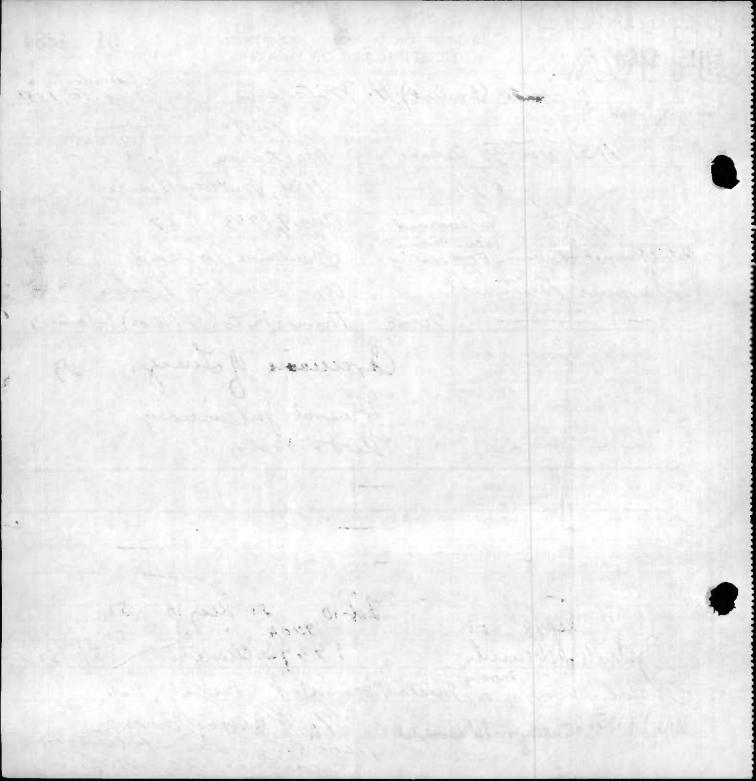
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2. DATE of heroday may . 10, 1951 4. USUAL RESIDENCE (Where deceased lived, Kinstitution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) attery avenue AGE (In years | 1 Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 12. CITIZEN OF WHAT COUNTRY NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City give exact location) that I last saw the from the causes and on the date stated above. DATE SIGNED CATION (City, town, or county) ADDRESS

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## BALTIMORE CITY HEALTH DEPARTMENT

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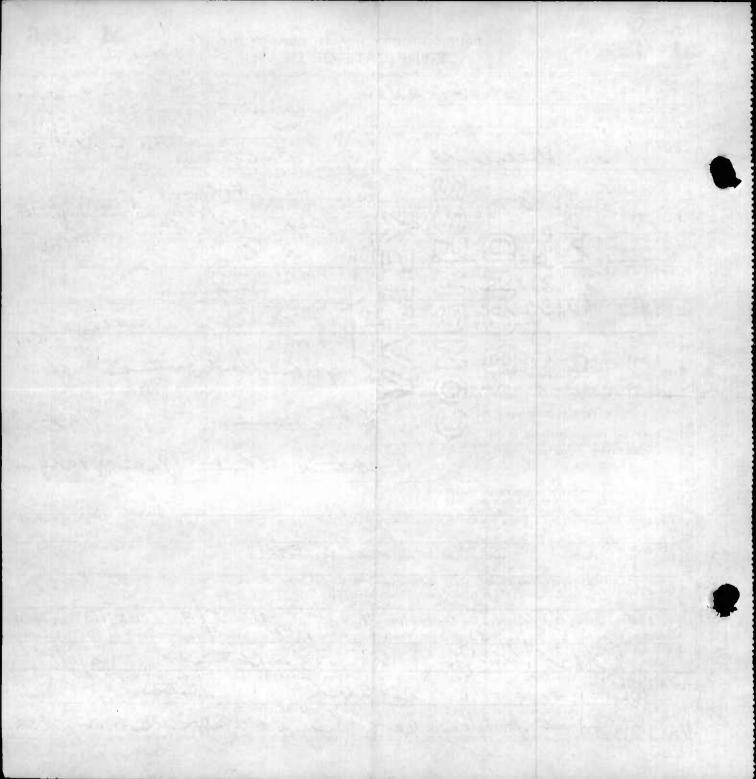
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BI	RTH NO.	CERTIFICAT	E OF DEATH	Registered N	No. 1200
	NAME OF DECEASED  ype or Print) Henry Procto	_		2. DATE OF DEATH 5	Isi
3.	PLACE OF DEATH:		4. USUAL RESIDENCE (	Where deceased lived. If	
A.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or insti	tution, give street address or	Hay dand	B. COUNTY	before admission
H	DSPITAL OR STITUTION	location)		If outside corporate limit	
S	outh Bultimore General	Hospital	Baltimore	6-1	township
K G.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	E.
	SEX   6. COLOR OR RACE   7. SING	GLE. MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year   If Under 24 House
1	Mala Dalmia	arried (Specify)	11/19	last birthday) Mo	onths Days Hours Min
10		ND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	abover	Cha	Baltimore Co	unty	WHAT COUNTRY
13	FATHER'S NAME	0	14. MOTHER'S MAIDEN	NAME	/
	Nathan Proc tor		Betty Thous	2	
15 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES: a, oo or unkoown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
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	18. 330 X 1		OF DEATH		ONSET AND DEAT
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	X . /	earachuse il	1	11/
	(This does not mean the mode of dying, heart failure, asthonia, etc. It means the dis-		***************************************		1 duys
	injury or complication which caused de-		houserlage	uch interis	
	ANTECEDENT CAUSES		1 - 0 4	cansul	
	DISEASES OR CONDITIONS, IF ANY, GIT	VING (B)	TIMESCHIONI	2	
A	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE OUE TO			
		(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	
CERTIFIC	OTHER SIGNIFICANT CONDITIONS OF THE UTION TO THE OBJECT OF	ON. Press	ronia, bus	e, left	2 day
AL	19A. DATE OF OPERATION 2 19B. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hor	LACE OF INJURY (e. g., i ne, farm, factory, street, office bldg.,	o or 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, 1	
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	X - 4
	m.	WORK AT WORK		-1 1-1	
	22. I hereby certify that I attended to				
A	deccased alive on Slivis, 19		38. ADDRESS	the causes and on the	te date stated above
	11, 1, 0 111.		1213 Light St.		5/0/51
24	A. BURIAL, CREMA- 248, DATE		RY OR CREMATORY   240.	LOCATION (City, town,	or county) (State)
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	SE WRITE F. LY, WITH UNFADING INK. Every item of information should be cage is especifily important. Physicians: please write the causes of death clearly and legan

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5	1 4266 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT	Registered No	1 4266
	RTH NO.	1	ODATE	
(7	ype or Print) ELLA BIERNE		DECITI	-9-51
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	ere deceased lived. If In B. COUNTY	stitution : residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR IOCATION)  STITUTION  2111 Holling Sf.		atside corporate limits,	wn RURAL and give
C	Yrs.  Mos. Length of stay in Baltimore  Days	D. STREET ADDRESS (If ru		
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			hs Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Have Paris Paris Reh Reh Reh	11. BIRTHPLACE (State or fore	eign country)   1	2. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAM		
11 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT WE But -	ADI	DRESS
TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	myeste Net	Jule .	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.	the Other	- Putie	1027-
AL AL	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		YES NO
EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, giv	ve exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY  no. WHILE AT NOT WHILE AT WORK		OCCUR?	
	22. I hereby certify that I attended the deceased from deceased alive on 1951, and that death occur	rred at 12 fm., from the	2 causes and on the	that I last saw the date stated above
	Mr. forther from M. D.	1933 W. Shot	CATION (City, town, o	5/11/51
T	ON, REMOVAL (Specify) 5-12-51 Cuttes	bul a	Ballo.	Jad.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR  AY 1 21951	25 FUNERAL DIRECTOR	Fulta on	ADDRESS Type SX
	VS 150		1	50 13



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UNFADING INK. Every item of information should be c Physicians: please write the causes of death clearly and legibry

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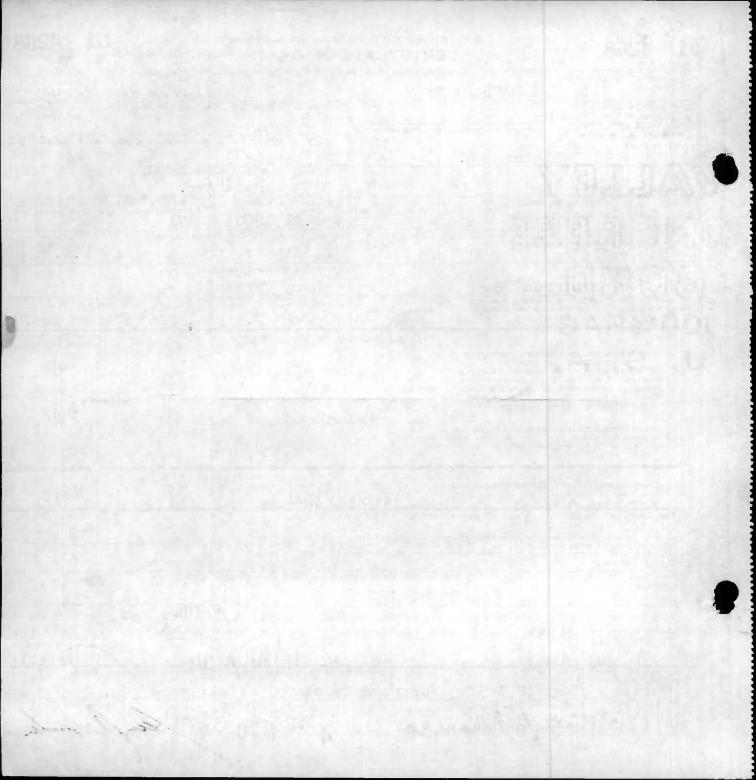
PLEASE WRITE I

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4268

BIRTH NO.						
1. NAME OF (Type or Print		ARBAR	A KERN		2. DATE OF	- 20 2072
3. PLACE OF		ATT TO TATE	A RETU	4. USUAL RESIDENCE (W		y 10,1951 f institution: residence before admission
B. FULL NAM	ME OF (If not in hospit	al or institut	ion, give street address or			before admission
HOSPITAL O			location)	C. CITY OR TOWN (If	outside corporate limi	its, write RURAL and giv
()0	3163 Elmor	a Ave.		Baltimore	4 -	township
			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	f stay in Baltimore	Lif	e Days	3163 Elmore.	Ave.	
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	if Under I Year   If Under 24 Hour onths: Days   Hours: Min
F	White	Wi	ldow	Apr. 21, 1880	71	Days Hours Will
10A. USUAL (	OCCUPATION (Give kind of ost of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
Hous	ewife	At	Home	Baltimore, M	d.	WHAT COUNTRY
13. FATHER'S	S NAME			14. MOTHER'S MAIDEN NA	AME	
Frede:	rick Sigmund	Baum		Mary Tebens		
15. WAS DECE.	ASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
NO NO	wn) (If yoe, give war or dates None	of mervice)	SECURITY NO.	Mr. John J. Ker		Ilmora Ave.
18. 2	214			OF DEATH	,	INTERVAL BETWEE
	ASE OR CONDITION	DIBECTIV	CAUSE	OF DEATH		ONSET AND DEAT
	LEADING TO DEAT	TH	Penn	had beens undered		lo WPA
heart fa	oes not mean the mode of filure, asthenia, etc. It mea: or complication which c	ns the diseas	e,	TO BY TO LINE INVOICED		
	ANTECEDENT CAUS	E.C.	NV			
z	ANTECEDENT CAUS	E3	3 JAS (8)	uorduoris		4444
DISEAS	SES OR CONDITIONS, IN	ANY, GIVIN	lG .		***************************************	
UNDER	LYING CONDITION LA	ST.				
2			(C)		***************************************	
DISEASE TO UNDER U	SIGNIFICANT CONDI	TIONS COR	. \\ .			
	ING TO THE DEATH, BUT	NOT RELATE	Majarist di	Manufacin		4411
			FINDINGS OF OPER	ATION		20. AUTOPSY?
11						YES NO
	IDENT WAS UNDER-		ACE OF INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baltimore City,	
CAUSE O	OR CONTRIBUTING	about home,	farm, factory, street, office bldg.,	blo.) INJURY OCCUR?		
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
OF INJUR	RY		WHILE AT   NOT WHILE			
		m.	WORK AT WORK	11 - / -	Mali	
22. I her	eby certify that I att	ended the	deceased from 10	MAYIL 1947, to 10 red at 1.20 Am., from the	(YYlay , 1951	_, that I last saw th
deceased 23A. 5 GN	alive on 11 111 W	. 19_5\.	and that death occur	red at 1. Lo Mm., from th	re causes and on t	he date stated above
7.1.4	DIDOUTO WMULLO		2	1513 W. Milta	Ω	16 MM 5
24A. BURYAL	CREMA- 24B. DATE		M. D. J	RY OR CREMATORY   24D. LC	OCATION (City, town	, or county) (State)
Buria	(Specify)					
DATE RECEIV			Parkwood	25 FUNERAL DIRECTOR	ltimore, M	O
LOCAL REGI	STRAR	- MISS	N.C.	25. FUNERAL DIRECTOR H. Sander & Son Baltimore 13	s,Inc	1 /
WATIZ	1351 miles 120	- Ishlia	HILL MAR	Baltimore 13	, Md Secr	11 / Jamle
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		a control of			0	6212



before admission)

12. CITIZEN OF

WHAT COUNTRY

NTERVAL BETWEEN

ONSET AND DEATH

2C. AUTOPSY

23c. DATE SIGNED

May 10

ADDRESS

township)



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	PLEASE WRITE B. LY, WITH UNFADING IN

51	556 427	0			EALTH DEPARTME E OF DEATH		51 stered No.	4270
1.	NAME OF DECEASED KRAMER HELE!				V	2. DATE OF DEATH	5,10,	1951
A.	PLACE OF D Baltimore (	ity, Maryland	Bulti	more Md.	4. USUAL RESIDENCE			tution : residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION Doctors Huspital, Balti				C. CITY OR TOWN	(If outside corpo	rate limits we	ite RORAL and give township
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give loc	ation)	
	F	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In last hirt)	years II Under	N Under 24 Hours Days Hours Min.
10 work	OA. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  Nous House  Own House  11. BIRTHPLACE (State or foreign countly)							CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Rollet Place Bailor Slad Balers								
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  s, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT						Krow	ESS
RTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	LEADING TO DEAT not mean the mode or ce, asthenia, etc. It mean complication which complication is complicated with the complication of the complication	'H f dying, e.g., as the disease, aused death.)  ES  FANY, GIVING STATING THE ST.	DUE TO (B)	iberalons V	neningst cyTube	whis	3 day
CE	TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION							20. AUTOPSY?
DICAL		NT. SUICIDE, (Specify)		E OF INJURY (e. g., in		(If in Baltimo	re City, give	YES NO Pexact location)
ME	21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHILE MATWORK  22. I hereby certify that I attended the deceased from 5, 8, 1951, to 5, 10, 1951, that I last saw the deceased alive on 5, 10, 1951, and that death occurred at 5, 5, 6, m., from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED							
TIC	A. BURIAL, CON REMOVAL (8) ATE RECEIVED CAL REGISTION 1 219	BY REGISTERATE	5/ LEIGHT TUR	Park		Parker	ille !	ounty) (State)
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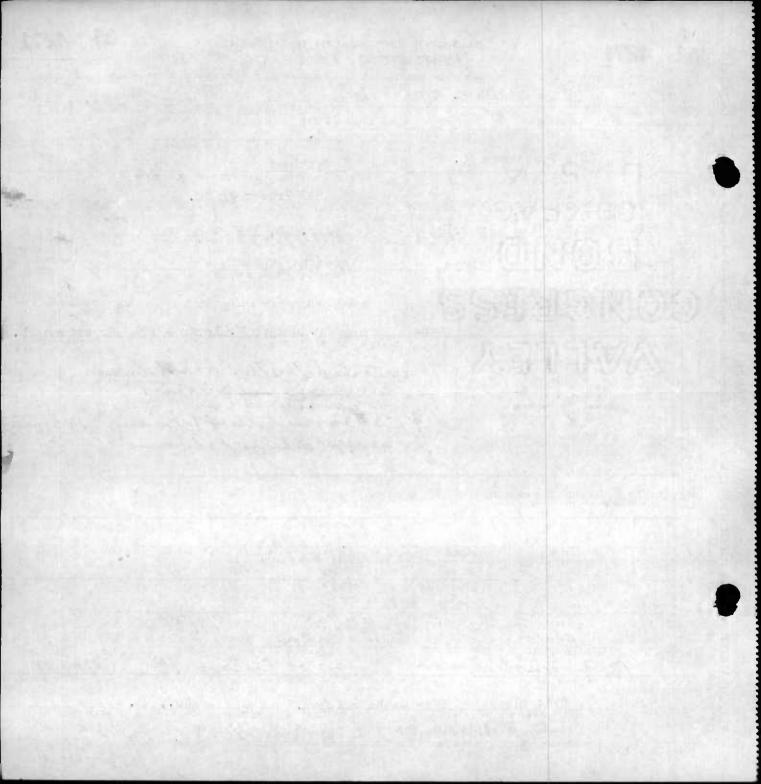
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2	INK.	Physicians: please write the causes of death clearly and legible.
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	DIA	ians
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	ND	Ph

## BALTIMORE CITY HEALTH DEPARTMENT

51 4271

BIRTH NO.	CERTIFICATI	E OF DEATH		
1. NAME OF DECEASED (Type or Print)	ARIAM E. HORAN		2. DATE OF	11 1051
3. PLACE OF DEATH: A. Baltimore City, Maryland	ALLEST DE LIOUETA	4. USUAL RESIDENCE (W		ay 11, 1951 If institution; residence before admission)
B. FULL NAME OF (If not in hospit	location)	Md.		nits, write RURAL and give
2912 Press	Tman St.	Baltimore D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	Mos. Days	2912 Presstman		
5. SEX   6. COLOR OR RACE female   white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Apr. 13, 1891 11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY
Housewife  13. FATHER'S NAME	At Home	Pennsylvania	AME	1899
James Leek		14. MOTHER 5 MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMEI	D FORCES?   16. SOCIAL	17. INFORMANT		ADDRESS
Yes, ao or unknown) (If yes, give war or date	se of service) SECURITY NO.	Mr. Joseph W. J	Horen - 201:	2 Procetman St
DISEASE OR CONDITION  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the condition of the condition of the conditions, it is not the conditions.	of dying, e. g., (A) arter (III) arter (II	is Selection in suite lies in	heart des hriles officiere clerosis	y 19 hours
UNDERLYING CONDITION LA	ITIONS CON-			
TO THE DISEASE OR CONDITION	19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSYT
ACCIDENT WAS INTER				YES NO
21A, ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City	r, give exact location)
21D, TIME (Month) (Day) (Year OF INJURY	) (Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  M. WORK AT WORK		Y OCCUR?	
22. I hereby certify that I at	tended the deceased from 4/	6/48 , 19 , to 5	19/51,19	, that I last saw th
deceased alive on 5/9/5/	_, 19, and that death occur	rred at 5 A. m., from t	he causes and on	
23A. SIGNATURE	1 0	3B. ADDRESS	u pl.	the date stated above
1. C. W.	ellelson M. D.	2 1 10 euca		the date stated above
24a. BURIAL, CREMA- TION, REMOVAL (Specify)	24C, NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tov	the date stated above 23c. DATE SIGNED
Burial 5/14/5	New Cathedr	al Com.	Balto., Md.	the date stated above 23c. DATE SIGNED 5/11/5/wn, or county (State)
Burial 5/14/5.  Date Received By Registrar				the date stated above 23c. DATE SIGNED



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M	51		EALTH DEPARTMENT 51 4272
The	BI	RTH NO.	E OF DEATH  Registered No. 42/2
	1. (T	Spe or Print) WISS MKR VAMBLUM	4N 2. DATE MAY 11/957
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence a. STATE B. COUNTY before admission)
y su	. HO	FULL NAME OF (If not in hospital or institution, give street address on location)	C. CITY OF TOWN (If outside corporate limits, write) RURAL and give
oly.	3	TO KCH HOME + HOSV.	D. STREET ADDRESS (If rural, give Jocation)
callegibl	c.	Length of stay in Baltimore Mos. Days	Church Home + Hosp.
ld be	. 5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Year It Under 2 Hours In Jude 2
on should clearly ar		A. USUAL OCCUPATION (Overlind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NG rma deat		Henry Mellman	Mary Wagner
BINDING of inform uses of dec	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or nnknown)  (If yes, give war or dates of service)  16, SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Katherine Landefeld - 3904 Yolando
			OF DEATH CO ANTENNA BETWEEN
FOR item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH RAME FROM ARTERY OF BRUNONSET AND DEATH RATERIOSCUEROSIS
Every ite		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	71.C (2,70.5 C C) 7.0 .
22	7	ANTECEDENT CAUSES . HUPS	ERTENSIVE CVD - FILLIAMEN
RESE INK.	LION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	ERTENSIVE COD - FINANCES ET - GRADE 'IT DECOMP
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MARGIN NFADIN nysicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	22 21 27 5.2 =
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION (CAS WEEN TAC)   20. AUTOPSY?
WITH rtant.	CAL	21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
LY, WITI	MEDIC	HOMICIDE (Specify) about home, form, factory, street, office hidg.,	etc.) INJURY OCCUR?
y im	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
P. ecial		22. I hereby certify that I attended the deceased from	1 1 116/ 11/1 11/1
		deceased alive on M + 15,195 1, and that death occu	rred at 1 m., from the causes and on the date stated above.
WRI e is		Smald Willing M. D.	3 D 4 Breison (M 5/11/1)
SE ag		44. BURIAL, CREMA- ON, REMOVAL (Specify) Burial  5/14/51  Loudon Par	
PLEASE WRITE correct age is esp	D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL GIRECTOR ADDRESS ADDRESS
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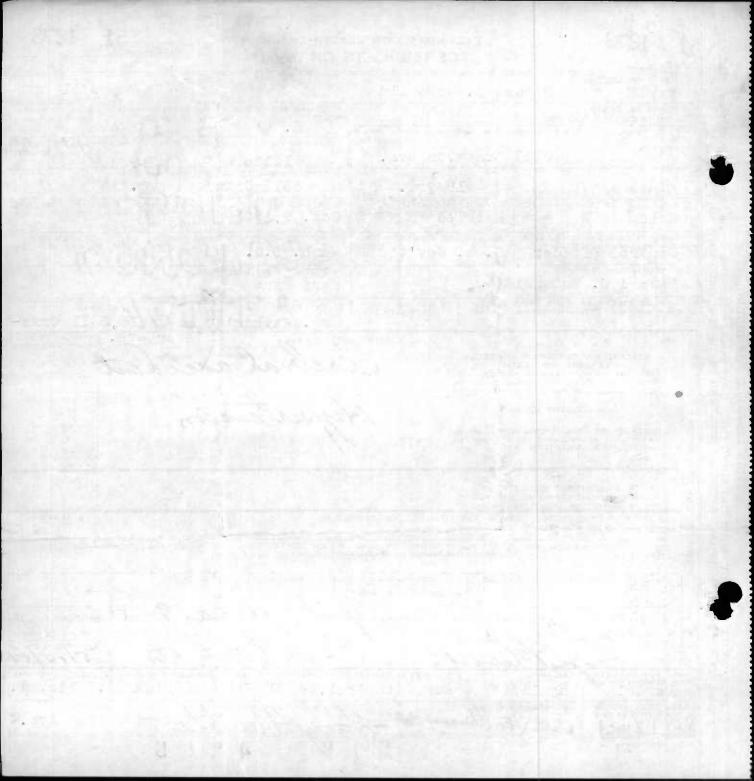
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# BALTIMORE CITY HEALTH DEPARTMENT

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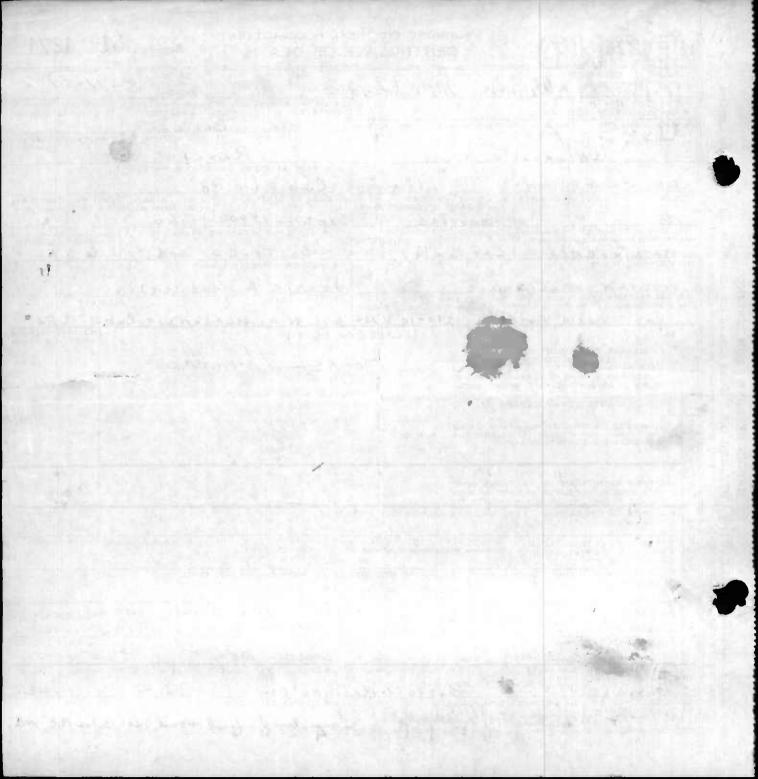
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print) Rober	rt A. McDonald		2. DATE OF MEATH	ay 9/51
a. Baltimore City, Maryland	\$ - A	4. USUAL RESIDENCE (	Where deceased lived.  B. COUNTY	lf institution : residence before admission
HOSPITAL OR	or institution, give street address or location)  Cranston Ave.		f outside corporate in	nits, write ROAL and gi
c. Length of stay in Baltimore	18 yrs. Mos. Days	Daltimore D. STREET ADDRESS (IN	frural, give location) aston Ave.	-00
5. SEX 6. COLOR OR RACE W	7. SINGLE, MARRIED.	8. DATE OF BIRTH Oct. 9,1905	9. AGE (In years) last birthday)	H Under 1 Year H Under 24 Hours Min
10A. USUAL OCCUPATION (Give kind of ork dene during most of working life, even if retired)	U. S. GOVI CHOUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
Howard C. McDonal	1	14. MOTHER'S MAIDEN N	IAME	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Katharin	100	ADDRESS
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS  OTHER SIGNIFICANT CONDIT	STATING THE DUE TO			
OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DESEASE OF CONDITION	IOT RELATED			
	B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	2 or 21c. WHERE DID (no.) INJURY OCCUR?	(If in Baltimore City,	, give exact location)
21D. TIME (Month) (Day) (Year) (OF INJURY	Hour) 21E. INJURY OCCURRE  WHILE AT NOT WHILE  M. WORK AT WORK		Y OCCUR7	
22. I hereby certify that attended the deceased from All 197, to May 9, 1951, that I last saw the deceased alive on 1961, and that death occurred at 1 m., from the duses and on the date stated above				
23A, SIGNATURE 907	unck M.D.	3B. ADDRESS Leber	5 Ats	STORESIGNED
	24c. NAME OF CEMETER  New Cathedr		rederick	Rd. Baltod
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	26. FUNERAL DIRECTOR		ADDRESS

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1	1	4274	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT	Registered No.	4274
	1.	NAME OF DECEASED William	n MACKEN	( je	2. DATE OF DEATH	1-51
and date		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		tution : residence before admission)
4	В.		stitution, give street address or location)	nd B	alto.	
		STITUTION	1.	c. CITY OR TOWN (If a	outside corporate limits, wr	ite RURAL and give township)
E .		( University	118.	D. STREET ADDRESS (If r	ural, give location)	
leg		Length of stay in Baltimore	Life Days	Cub Hill. R	d	5300
and	5.		NGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years   If Under   Months	
	10.	A. USUAL OCCUPATION (Give kind of 10B.	KIND OF BUSINESS OR	Sept. 4-1890	eign country)   12.	CITIZEN OF
w		done during most of working life, even if retired)  NaINTENCE  Ca	Y BENTER	Balto. Co		WHAT COUNTRY?
	13	FATHER'S NAME	CONST	14. MOTHER'S MAIDEN NA		ω , ς , κ .
0		Andrew Mackens		Jessie A.M	ackenzie.	
of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of servi	ES? 16. SOCIAL . SECURITY NO.	17. INFORMANT	ADDR	ESS
1ses		Yes   Warld War.		MYS. W A. MAC		NTERVAL BETWEEN
the causes		DISEASE OR CONDITION DIRECT		OF DEATH		ONSET AND DEATH
the		LEADING TO DEATH (This does not mean the mode of dying	Cor	nary Throm	bosis	
write		heart failure, asthenia, etc. It means the injury or complication which caused	nsease,			
		ANTECEDENT CAUSES			3	
please	NOIF	DISEASES OR CONDITIONS, IF ANY,				*****************************
d	E	RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST.				
Physicians:	FIC		(C)			***************************************
sicis	RT	OTHER SIGNIFICANT CONDITIONS	CON-			
Phy	8	TRIBUTING TO THE CEATH, BUT NOT RE				
4 1	AL	19A. DATE OF OPERATION   19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
tant.	DICA	21A. ACCIDENT WAS UNDER- 218	. PLACE OF INJURY (e. g., in	n or   21c. WHERE DID (If	in Baltimore City, give	YES NO L
2	MED	LYING OR CONTRIBUTING about	home, farm, factory, street, office bldg.,			
i		21D. TIME (Month) (Day) (Year) (Hour OF INJURY	MHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
ec.	1	22. I hereby certify that I attended	THE RESERVE TO THE RE	// 195//to 5	// 1957 th	at I last saw the
esp		22. I hereby certify that I attended deceased alive on 5-11, 19-	1. and that death occur	rred at 1:40 Pm., from th	e causes and on the de	ate stated above.
ge is esp		23A. SIGNATURE	2	B. ADDRESS	. 23	C. DATE SIGNED
	24	A. BURIAL, CREMA- 248. DATE	M. D.		CATION (City, town, or ed	
et :	TIO	Burg 1 5/15/5	BUITO.N. NO	TiuNal. Can	BULLA	nd
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4275

93E

DATE .
OF May 10, 1951
deceased lived. If institution; residence
B. COUNTY before admission)
le corporate limits, write RURAL and give
township)
give location)
an m
AGE (in years of Under 1 Year   10 Under 24 House ast birthday) Months Days Hours Min.
country)   12. CITIZEN OF
WHAT COUNTRY?
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ADDRESS
INTERVAL BETWEEN
ONSET AND DEATH
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20. AUTOPSY?
20. AUTOPSY?
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Baltimore City, give exact location)
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Baltimore City, give exact location)
PES NO Baltimore City, give exact location)
Baltimore City, give exact location)  CUR?  LO_, 1951, that I last saw the
Baltimore City, give exact location)  CUR?  10, 1951, that I last saw the uses and on the date stated above.
Baltimore City, give exact location)  CUR?  10, 1951, that I last saw the uses and on the date stated above.
Baltimore City, give exact location)  CUR?  10, 1951, that I last saw the uses and on the date stated above.
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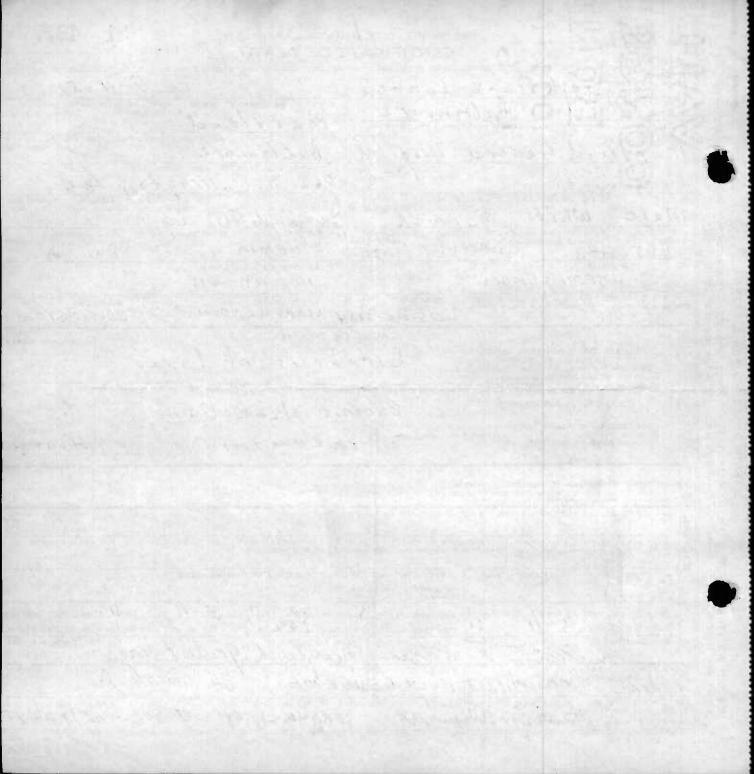
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1	PLEASE WRITE P. LY, WITH UNFADING INK. Every item of information should be of	correct age is especially important. Physicians: please write the causes of death clearly and leginity.
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MARGIN RESERVED FOR BINDING	NG INK. E	s: please wr
MARGI	UNFADI	Physician
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	BI	1 1276		E OF DEATH	Registered No.	4276
	1.	NAME OF DECEASED Minrie Sch	ندر ه د	lita :	2. DATE OF May	10-1951
	Α.	PLACE OF DEATH: Baltimore City, Maryland 2/2/ Mount	Hall	STATE TO		tution: residence before admission)
	HC	FULL NAME OF (If not in hospital or institution, give stre SPITAL OR STITUTION	et address or location	C. CITY OR TOWN (If o	outside corporate limits, we	RURAL and give township)
legiony	C.	Length of stay in Baltimore 774	Yrs. Mos. Days	2/2/ Hound	ural, give location)	_
and		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVOR	D. \(\)	8. DATE OF BIRTH	9. AGE (In year: Il Under last birthday) Months	
clearly		11 Notes	IESS OR INDUSTRY	11. BIRTHPLACE (State or for	H-Bath Mid	CITIZEN OF WHAT COUNTRY
death c	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
IO	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?, no or nnhnown) (If yes, give war or dates of service) SECU	RITY NO.	17. INFORMANT	ADDR	ESS
causes		18. 4rr./	CAUSE	OF DEATH	1	INTERVAL SETWEEN
write the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE To	Ch	r, elly sein	lilez	34/12
	z	ANTECEDENT CAUSES	C.V. Dis			
Physicians: please	FICATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE T UNDERLYING CONDITION LAST.	0			
sicial	RTIF	OTHER SIGNIFICANT CONDITIONS CON-				
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED		PATION		20. AUTOPSY?
ant.	EDICAL				in Baltimore City, give	YES NO
important.		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJ about home, farm, factory, str			in Daltimore City, give	exact location;
VI.	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJUR OF INJURY MRILE AT WORK	Y OCCURR		OCCUR?	
especia		22. I hereby certify that I attended the deceased deceased alive on 10, 195, and that of	from 274	red atm., from th	e courses and on the d	at I last saw the
2		23A. SIGNATURE	M. D.	it to Trails n	2	SC. DATE SIGNED
et age	24 TIO	N. BURIAL. CREMA- 24B. DATE 245 NAME N. BENOVAL (Specify)	OF CEMETE	RY OR CREMATORY 240 LO	ello Tiles	ounty) / (State)
correct	D/ LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	Sufer, -	DDRESS
		VS 150	9	4/ 608 D. 7	will li	Ut 93)

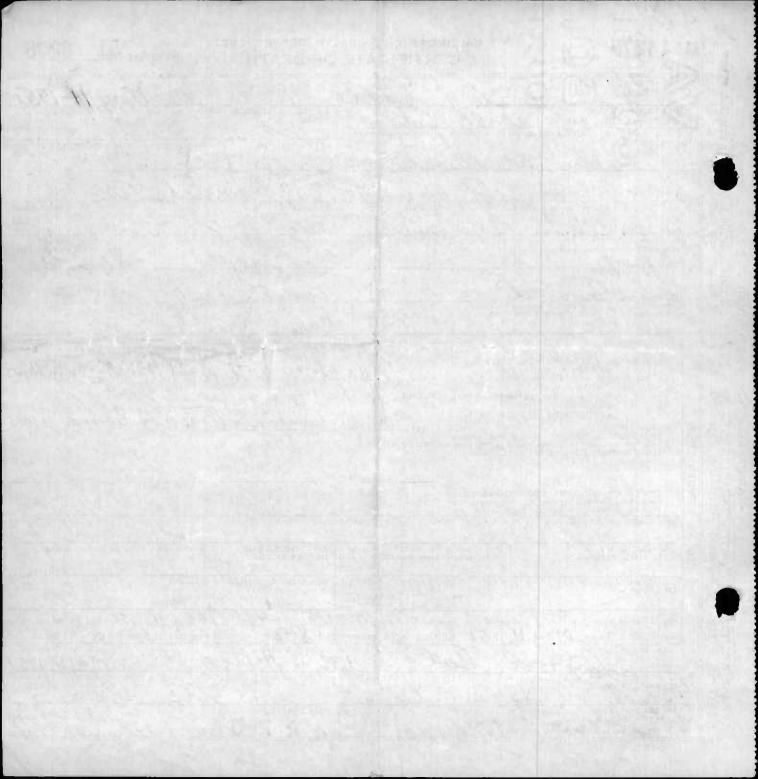
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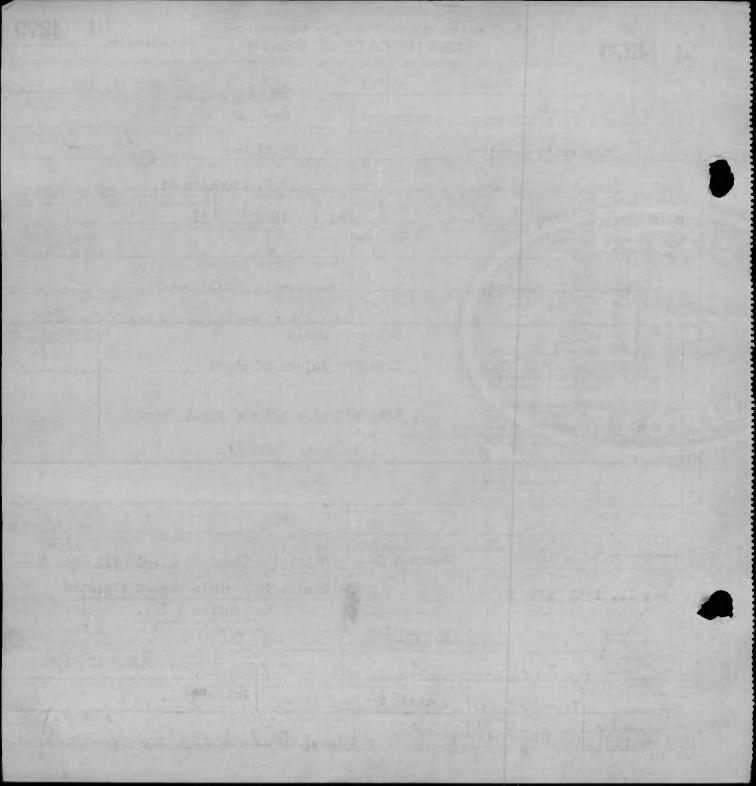
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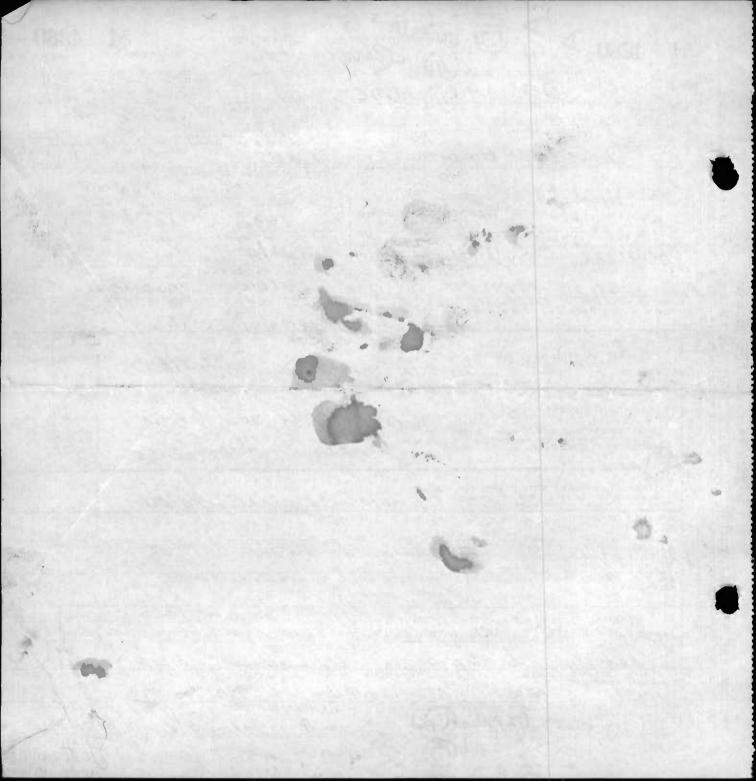
11/						
1	4278 BA	LTIMORE CITY H	EALTH DEPARTMENT		51 4278	
H-	IRTH NO.	CERTIFICAT	E OF DEATH	Register	ed No. 4278	
1	NAME OF DECEASED	1	1)	2. DATE		_
C	Type or Print)	hilledth	e	OF DEATH	May 11-195	1
	Baltimore City, Maryland Baltimore City, Maryland	to 0.4	4. USUAL RESIDENCE	(Where deceased live B. COUNT		on)
В.	FULL NAME OF (If not in hospital or institu		ma.		, 5	
H	OSPITAL OR	location)	C. CITY OR TOWN	If outside corporate	limits write RURAL and g	
1	1208 / werse	de live	Dallo,	ily &		
	7 11 11 1 7 11 (7/1)	Yrs. Mos.	D. STREET ADDRESS	if rural, give location	0.0	
-	Length of stay in Baltimore (1974). SEX [6.COLOR OR RACE   7. SINGI	E. MARRIED.	8. DATE OF BIRTH	1 9. AGE (in year	rs If Under I Year   If Under 24 He	Ditte
		WED, DIVORCED (Specify)			Months Days Hours M	in.
1	DA. USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
WOI	k done during most of working life, even if retired)	INDUSTRY		20	WHAT COUNTE	RY 7
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME .	M. N. C.	
1	1,1:01: 2+		G 1.	b/- x		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	Tau	ADDRESS	
(X	es, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Christia 1	2 P.	1200 Pirerida	~
	18. 2 3 4 V	CAUSE	OF DEATH	1. Nowi	INTERVAL BETWE	EN
	DISEASE OR CONDITION DIRECTLY	0 /		A 1.11	ONSET AND DEA	
	LEADING TO DEATH (This does not mean the mode of dying, e.	a les	oblesse with	Right Her	replexin 8 Hor	W
	heart failure, asthenia, etc. It means the diseinjury or complication which caused dea	ase,		, , ,	1) fra	
	ANTECEDENT CAUSES	01	oplesy with pertension of	07.	0 0	
Z		(B) Hy	kerlenseon T	lineros	clerous 24	12
	DISEASES OR CONDITIONS, IF ANY, GIV				U	
N S	UNDERLYING CONDITION LAST.					
IL		_(C)				
RT	OTHER SIGNIFICANT CONDITIONS CO					
CE	TRIBUTING TO THE OEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	IT				
1	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY	7
CA	21A. ACCIDENT, SUICIDE.   21B. PL	ACE OF INJURY (e.g.,	in or   21c. WHERE DID	(If in Baltimore C	ity, give exact location)	
EDI	HOMICIDE (Specify) about home	e, farm, factor y, street, office bldg.,	etc.) INJURY OCCUR?			
Σ	210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?		
B	OF INJURY	WHILE AT NOT WHILE				
	m.	WORK AT WORK	1 ay 5 , 1949to	may 11 :	951, that I last saw	47.
H	22. I hereby certify that I attended the deceased alive on MAY II, 1957	e acceased from		the carres and	on the date stated abo	ine
	23A. SIGNATURE	P P	238. ADDRESS 11 - 1	- 1-	23c. DATE SIGNE	
	allfred (	oce M.D.	136 S. Mille	on si.	May 11, 195	5/
2 T	AA. BURIAL CREMA- 4B. DATE	24c. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (Lity, t	cown, or county) (Stat	e)
1	Jurial 3/14/1951	Cedar Hi		1. 4. 0	s. Med.	
1	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	9.	ADDRESS	2
1	141 1 2 1951 matty for Polli	Suches 1	Tugnin + The	meny 14	26 hight	6
	VS 150	d floor too		7	220	





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MARG	NLY, WITH UNFADI	y important. Physician
	PLEASE WRITE F	correct age is especiall.

V	360 1 420 BIRTH NO.	) 80		HEALTH DEPARTMENT	51 Registered No	4280	
	1. NAME OF I (Type or Print)	DEN	SAMIN MITTE	R	2. DATE OF DEATH	7-51	
- 11	A. Baltimore	City, Maryland		4. USUAL RESIDENCE ()	Where deceased lived. If it B. COUNTY	stitution: residence before admission)	
	B. FULL NAME HOSPITAL OR		al or institution, give street address a			11/	
	INSTITUTION	ININERSITY	HOSPITAL	c. CITY OR TOWN (II	f outside corporate limits,	township)	
-	<u> </u>	ANTICESTY	Yrs.	D. STREET ADDRESS (If	rural, give location)		
9	c. Length of	stay in Baltimore	Mos. Day		c CULLON	57	
	5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years      U	nder 1 Year   If Under 24 Hours	
	M	C.	WIDOWID, DIVORCED (Specif	1906	ast birthday) Mon	ths Days Hours Min.	
	10A. USUAL Of	CCUPATION (Give kind of tof working life, even if retired)	108 KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?	
	CHAUFI	UER	10,13/10	VA.		USA	
	13. FATHER'S			14. MOTHER'S MAIDEN N			
3   -	15 WAS DESEAS		ITER	NELLIE	GOODMA	N .	
0	Yes, no or unknown	SED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS	
	1	100		17/05P17A/ 1)E	CORUS	UNITEDVAL DETWE	
	9	fort	The second secon	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	This does not mean the mode of dying, e.g., (A)						
	heart fail	ure, asthenia, etc. It mea complication which c	ins the disease,				
	injury or						
	ANTECEDENT CAUSES (B) BARNETED Gastric Weer						
14012	DISEASE RISE TO	S OR CONDITIONS, I	STATING THE DUE TO	6 20			
. 15	CHURCH	YING CONDITION LA	(C) ll	r bral Huro	mbosis		
L		11					
		SIGNIFICANT CONDI	ITIONS CON-	1 . 0 -			
	TO THE	G TO THE DEATH, BUT DISEASE OR CONDITION		liged arter	ios cluoris		
	19A. DATE	OF OPERATION 0 1	198. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY?	
0	)	DENT WAS UNDER-	218. PLACE OF INJURY (e. g.	in pr   21c. WHERE DID, (	If in Baltimore City, gi	YES NO Ve exact location)	
(   L	CAUSE OF	R CONTRIBUTING	about home, farm, factory, street, nffice bldg	i,etc.) INJURY OCCUR?			
		(Month) (Day) (Year)	(Hour)   21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?		
	OF INJURY		m. WHILE AT NOT WHILE				
	22. I herei	by certify that I att	tended the deceased from	4/1 ,1937/to	5 /9 1951	that I last saw the	
2	deceased		1951. and that death oec	/			
	25A. SIGNA	QURE 1	7-1	238. ADDRESS	,/	23C. DATE SIGNED	
0 -	244 BINGIAL	CREMA-1 248. DATE	uahan M.D.	Manuelest	Hosp.	8/10/51	
9 1	24A. BURIAL.	Specify)	24C. NAME OF CEMET		OCATION (Sity, town, o	(State)	
-	DATE RECEIVE	ED BY   REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	To. MA	ADDRESS	
	LOCAL REGIS	TRAR	- Whiassahle	Wm. A. JACKSON -	- 11	1	
=	VS 150	100 miles	5. 1.	Watte And Asen	14 /6/010/25, 11		
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BIRTH NO.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

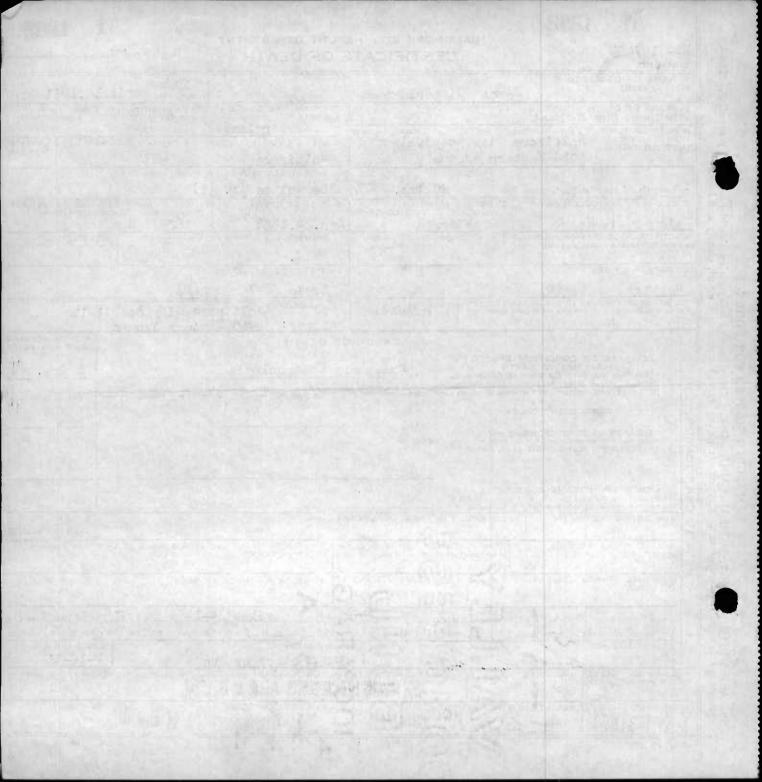
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Registered No.

PLEASE WRITE F NLY, WITH UNFADING INK. Every item of information should be all y supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

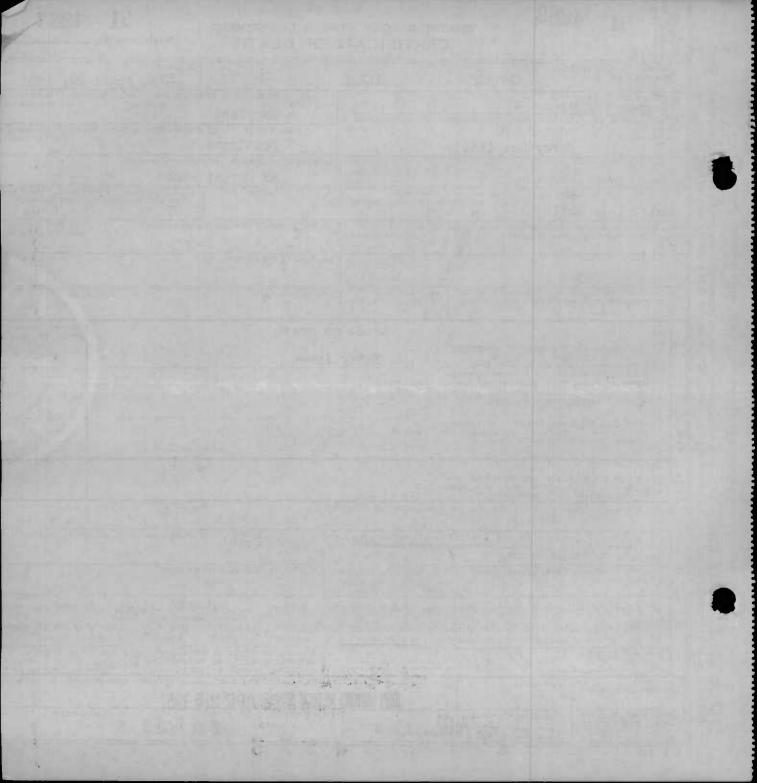
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	NAME OF DI	ECEASED				2. DATE	
(1	Type or Print)	J	ames !	Pimberlake		OF Apri	1 14,1951
	PLACE OF DI	EATH: City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If B. COUNTY	institution; residence before admission)
8.	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or	Maryland	a. COUNTT	before admission)
	OSPITAL OR	Baltimore	City 1	ospitals location)	C. CITY OR TOWN (I	f outside corporate limit	s, write RURAL and give
	3	4940 East	ern Ave	enue	Baltimore	22-	O township)
				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore		20 Irs. Days	206 Sutton St.	(1)	
5	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	I Under 1 Year If Under 24 Hours nths: Days Hours: Min.
	ale	Negro		idowed	Dec.24,1888	62	
MOE	k done during most of	CUPATION (Give kind of f working life, even if retired)	10s. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
					N.C.		
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	
	Westley	(D)			Rosie ?	(D)	
(Ye	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANTBaltim	ore City Hos	PPRESS.
				Extriction	Records: 4940 E	astern Avenue	710072
	18. 007	X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION					ONSE! AND DEATH
	(This does	not mean the mode of	of dying, e.	5 · (A) · · · · · · · · · · · · · · · · · · ·	ry Tuberculosis		2 Yrs.
	heart failu	re, asthenia, etc. It mea complication which o	ns the dises	80			
		ANTECEDENT CAUS					
Z				(8)			
2	DISEASES	OR CONDITIONS. I	F ANY, GIVII	NG	4		***************************************
A	UNDERLY	ING CONDITION LA	ST.				
문	Carlo III			(C)			
E	OTHER S	II IGNIFICANT CONDI	ITIONS CO				
CERTIFICATION	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD .			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO X
EDICAL		NT. SUICIDE, (Specify)	218. PL/	ACE OF INJURY (e. g., inform, factory, street, office bldg., e	or 21c, WHERE DID (	If in Baltimore City, s	give exact location)
ME	1.0	(10)200123)	disciple in case;	or militarious 3 i assessi o mero present	MODITI OCCURT		
-	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	0, 11100111		m.	WHILE AT NOT WHILE			
	22. I hereby	y certify that I att	ended the	I. e		4-14 \1951	, that I last saw the
	deceased al			and that death occur		./ -	he date stated above.
	23A. SIGNAT	URE /	8		3B. ADDRESS		23C. DATE SIGNED
		( 33 . ( )	096		4940 Eastern Aven		4-19-51
2. TI	AA. BURIAL, C ON, REMOVAL (S)	REMA: 248. DATE	0		RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
			The Carlo	JUHN HUYKINS M	EDICAL SCHOOL APR 26	1954.	DEED TO THE
	ATE RECEIVED		SSIGNATI	RF.	25. FUNERAL DIRECTOR	of Health	ADDRESS
0	MAY 1319	151 15.1	toston	Yollians Mass	Commiss	folist of positi	
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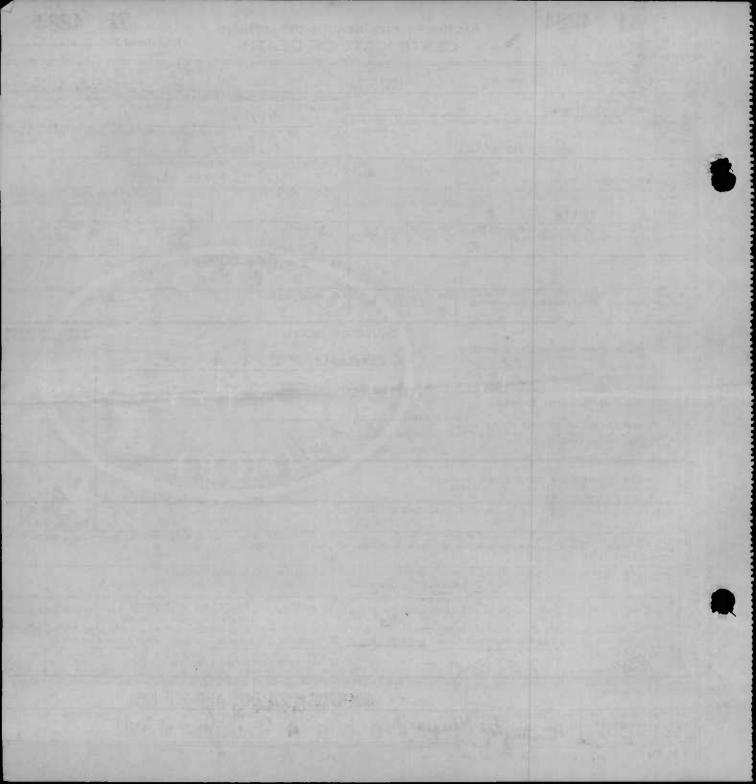
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MANGEN PESERVED FOR DINDING	UNFADING	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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	SE	ect age
	PLEA	correct

BI	51 60 RTH NO.	4283	BAI	CERTIFICATI			Register		428	83
	NAME OF D ype or Print)		ORGE	MILLER			2. DATE OF DEATH A	pril	20,	1951
Α.	PLACE OF D Baltimore (	City, Maryland	al or institut	ion, give street address or	A. STATE	esipence (Waryland	Where deceased live B. COUNT			residence ore admission
	DSPITAL OR ISTITUTION	Mercy Hos	pital	location)	c. CITY OR T	own (If	outside corporate	limits, wr	ite RU	RAL and giv township
C.	Length of s	stay in Baltimore		Yrs. Mos. Dsys		DDRESS (H 8 Market	rural, give location	1)		
	sex Male	6.COLOR OR RACE White		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF E	BIRTH	9. AGE (in year last birthday)			H Under 24 House Hours Min
		CCUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLA	ACE (State or fo	oreign country)	12.		EN OF T COUNTRY
13	FATHER'S	NAME		Ŋ	14. MOTHER	S MAIDEN NA	AME			
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	W SECURITY NO.	17. INFORMA	NT		ADDR	ESS	
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL'	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	THOS CO	g., (A) Fatty se, h.) DUE TO  (B)					ONSET	AND DEAT
CER	TO THE D	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION   1	CAUSING		ATION					AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS IG [] OR CONTRIB- CAUSE OF DEATH.	218. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHE		f in Baltimore Ci	ty, give	YES Exact	
M	41									
Autonor								ay stermi termi ATE S	ned [].	
	ATE RECEIVE	RAR	In Hil	JUHN HUPALN	25. FUNERAL	LAPR 2 DIRECTOR MISSIANAP	5 1951 of Health	AD	DRES	5
v	S 151	351 Lutte	AC IN	A CONTRACTOR OF THE PARTY OF TH	3. 7	5 1	AT THOMASON	15	. /	2



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UNFADING I	Physicians: 1
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TE P	especially

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	4284
1. NAME OF DECEASED (Type or Print)	LANK MEISEL		2. DATE OF Annil	19 1051
3. PLACE OF DEATH: A. Baltimore City, Maryland	AVA PELOEL	4. USUAL RESIDENCE (W		18, 1951 stitution: residence before admission
B. FULL NAME OF (If not in hospital HOSPITAL OR	l or institution, give street address or location)	Maryland	outside corporate limits,	
Mercy Ho		Baltimore		township
c. Length of stay in Baltimore	Yrs. Mos. Days	d. STREET ADDRESS (If:	rural, give location) att Street	
5. SEX 6. COLOR DR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Month	der I Year hs Days Hours Mir
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108 WIND OF BUSINESS OR INDUSTRY	11. NRTHPLACE (State or fo	reign country)   12	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	N O	14. MONHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? IM.6. SOCIAL	17. INFORMANT	ADD	PRESS
Z O DISEASE OR CONDITION I (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can an a	H f dying, e.g., (A) Cirrh f dying, e.g., (A)	nosis of the liver		
OTHER SIGNIFICANT CONDITE TRIBUTING TO THE DEATH, BUT NO THE DISEASE OR CONDITION	NOT RELATED			
U 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (1)	f in Baltimore City, give	
EXECUTION DESCRIPTION OF INJURY (Month) (Day) (Year) (Day)	(Hour)   21E. INJURY OCCURRE  while at work   Not while at work   At work		OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and particle Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated at and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined				
1 1/1/2 1/1-/		.D. MEDICAL INVESTIGATO		county) (State)
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	44C. NAME OF CEMETER	HOPKINS MEDICAL SCHOOL AL	PR 2 5 1951	
	JOHN	HOPKINS HEDICAL SCHOOL AF 25. FUNERAL DIRECTION COMMISS	PR 2 5 1951 Honer of Health	DDRESS



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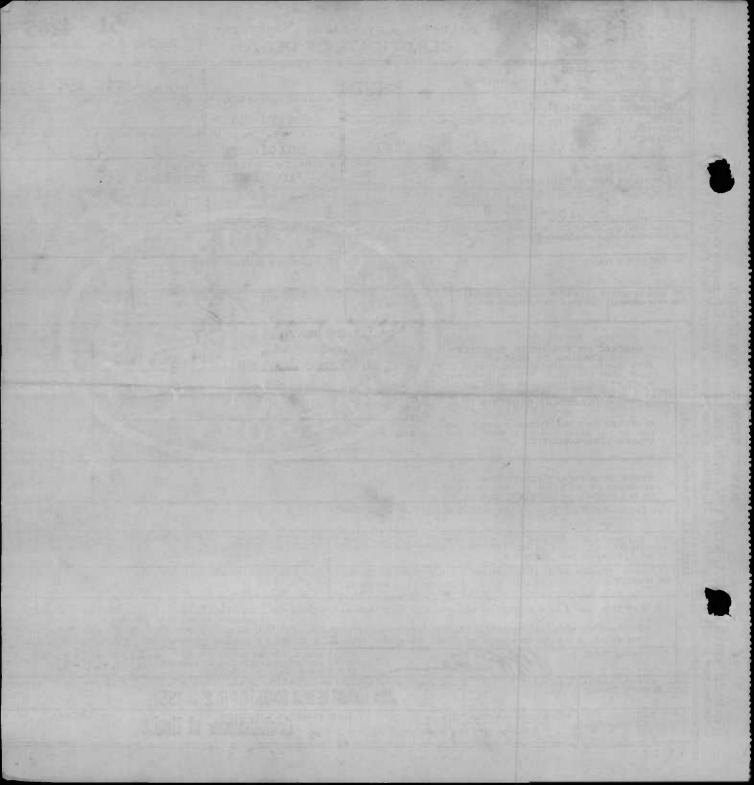
4285

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5.1 Registered No. 4285

BIRTH NO.	CERTII ICATI	- OI BLATTI		
1. NAME OF DECEASED (Type or Print)			2. DATE	
ERNEST	PARRIS			ril 19, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	here deceased lived. I	If institution : residence before admission
	r institution, give street address or	Maryland	B. COURT	before admission
HOSPITAL OR	location)		outside corporate lim	its, write RURAL and giv
Baltimore C	ity Hospital	Baltimore	16-1	township
	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimore	Mos.   Days	710 North S	Stockton S	St.
F ARY		8. DATE OF BIRTH	9. AGE (In years)	
Male Colored	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	U	last birthday)	Ionths Days Hours Min
10A. USUAL OCCUPATION (Givekind of 10	BENIND OF BUSINESS OR	11. NIRTHPLACE (State or for	reign country)	12. CITIZEN OF
work done during most of working life, even if retired)	K	K		WHAT COUNTRY
13. FATHER'S NAME	N	14. MONHER'S MAIDEN NA	ham	
	· 0	O O	ME	
15 WAS DESCRICTED AND ADDRESS OF THE WAS				
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of a	PRCES? W16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	IA	N		
18. 3401	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIE				ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of d		ococcus meningi	itis	4 53 1 5 1
heart failure, asthenia, etc. It means t injury or complication which caus	he disease,	W. W	3	
injury of complication which caus	ed death.) DUE TO			
ANTECEDENT CAUSES				3 2 2 2 2
Z DISEASES OR CONDITIONS, IF AN	Y, GIVING (B)	***************************************	***************************************	***************************************
RISE TO THE ABOVE CAUSE (A) STA	ATING THE DUE TO			
X	(C)			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT				
OTHER SIGNIFICANT CONDITION				
TO THE DISEASE OR CONDITION CA				
U 19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
I V				YES A NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	21B. PLACE OF INJURY (e.g., in out home, farm, factory, street, office bldg., et	tor 21c, WHERE DID (If	in Baltimore City,	give exact location)
UNDERLYING OR CONTRIB-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Z 21D. TIME (Month) (Day) (Year) (Ho	our)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE			
22 1		7 1 11 6 11 6 11	- A	
22. I certify that I took charge	of the remains described a	bove, held anAutosy. In	DSy espection or Inquiry	thereon and from
the cvidence obtained by sai	d Autopsy, Inspection or In	nguiry, find that said dec	ecased died on t	he day stated above
and death in my opinion res				
23A. SIGNATURE	is Re M.	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATO	XAMINER	4-20-51
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)		INS MEDICAL SCHOOL APR 2		n, or county) (State)
DATE RECEIVED BY   REGISTRAR'S S		25. FUNERAL DIRECTOR	0 1308	ADDRESS
LOCAL REGISTRAR	ator Miliams, M. B.	Cempissioner	of Health	ADDITESS
V S 151		733	and the same of th	

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CERTIFICATE OF DEATH

Registered No.

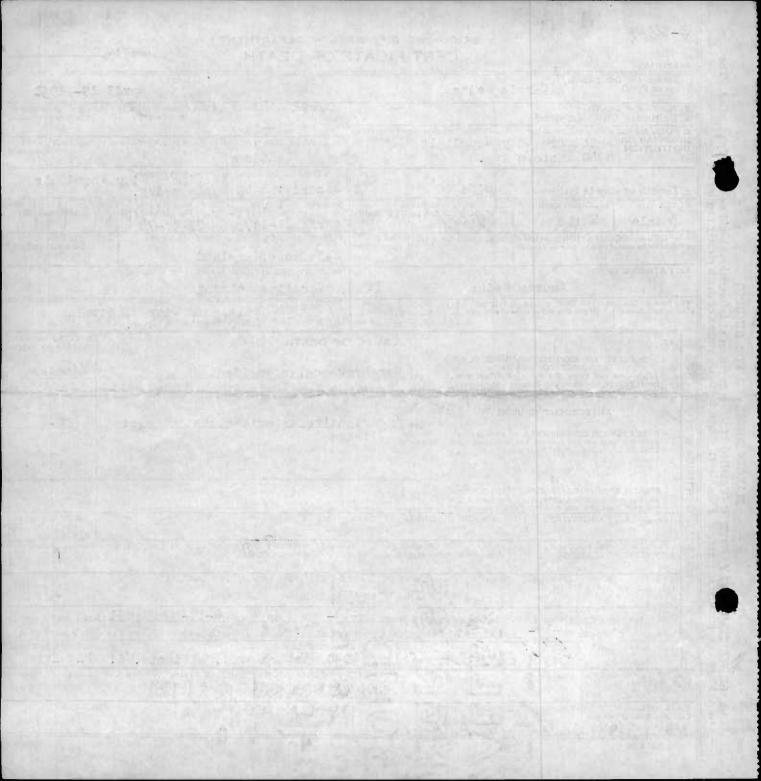
1. (Ty	NAME OF DI pe or Print)	Cari Cari	rie Hein	1Z		2. DATE OF DEATH Apr	11 19- 1951
3. [	Baltimore C	EATH: lity, Maryland			4. USUAL RESIDENCE (W.		f institution : residence before admission
B. F	ULL NAME	OF (If not in hosp	ital or institu	tion, give street address or	Maryland		were warming
INS	SPITAL OR ]	Baltimore C:	ity Hosp	itals location)	C. CITT OK TOWN	outside corporate limi	its, write RURAL and give
2		4940 Eastern	1 Ave.		Balt imore	26	Anna Maria
~				Yrs. Mos.	o. STREET ADDRESS Hir	ural give location).	y Hospitals
		ay in Baltimore		Days	Trecords. 4940 Fa	stern Ave.	
I	emale	6. COLOR OR RAC	Sin	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 1071-or April 21-1876	9. AGE (In years last birthday) M	Il Under 1 Year II Under 24 Hours onths Days Hours Min.
I OA	. USUAL OCC	CUPATION (Give kind f working life, even if retire	of 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
				,	Baltimore, Marylan	nd	WHAT COUNTRY
13.	FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	111 -45-0
		Andrev	v Heinz	(D	Caroline Mehri	ng	
15.	WAS DECEASE no or unknown)	D EVER IN U. S. ARM (If yee, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Baltim	one City Ho	ADDRESS
				JEGGKITT NO.	Records: 4940 E	astern Ave.	phrome
T	18. 42	0.0.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				ONSEI AND DEATH
	(This does	LEADING TO DE not mean the mode	of dying, e.		ovascular Accident		Minutes
	neart failui	re, asthenia, etc. It m complication which	eans the disea	se,			
		ANTECEDENT CAL	ICEC				
Z				(B) Hypert	ensive arterioscle	rotic heart	Yrs.
2	DISEASES	OR CONDITIONS.	IF ANY, GIVE	NG Dice			
5	UNDERLY	ING CONDITION	LAST.				
NO POLICIE AND				(C)			
	OTHER S	II IGNIFICANT CON	DITIONS CO				
	TRIBUTING	TO THE OEATH, BU	T NOT RELAT	FO			
		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
ξ.		U					YES NO X
	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	218. PL. ebout home,	ACE OF INJURY (e. g., i ferm, factory, street, office bldg.,	n or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City,	give exact location)
2 -	210. TIME (	Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY		m.	WHILE AT WORK			
-	22 7 %			0	14 19 44+0 4-	10- 10 5	1 that I last saw th
-	deceased al	certify that I a	19 51	ucceuseu // one	rred at 2.40 Pn., from th	, 19	the data stated above
	23A. SIGNAT	roe on			3B. ADDRESS	e causes and on t	23c. DATE SIGNED
1		Cst.	(900		940 Eastern Ave., E	Baltimore Mo	
24/	A. BURIAL, C	REMA- 24B. DATE	/	24c. NAME OF CEMETE			
101	T. REMUVAL (D)	pecity)	C Carry	JOHN HO!	KINS MEDICAL SCHOOL APR	3 0 1951	
	TE RECEIVED		R'S SIGNATU	JRE	25 FUNERAL DIRECTOR	naith	ADDRESS
M	AV 1 210	E1 "	in the	1.185 11=	COMMISSIONAL OF IL	COLLEGI	
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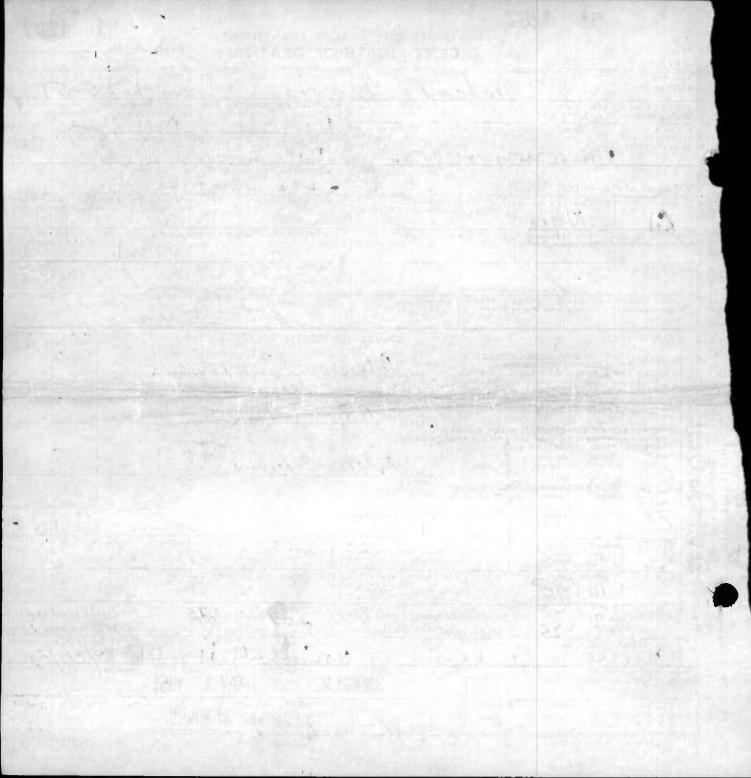
PLEASE WRITE P NLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly

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WITH



### BALTIMORE CITY HEALTH DEPARTMENT

1 40 11	51 4200	BALTIMORE CITY HE	EALTH DEPARTMENT	51 4288
654		CERTIFICATI		Registered No.
BIRTH NO.		OLIVIN 107VI	E OI BEXTIII	
1. NAME OF D (Type or Print)	JESS	E BARNHILL	2	DATE OF April 27, 1951
A. Baltimore	City, Maryland		A. STATE	e deceased lived. If institution: residence B. COUNTY before admission
B. FULL NAME HOSPITAL OR INSTITUTION		tal or institution, give street address or location)		side corporate limits, write RURAL and g
University Hospital Yrs.			Baltimore	
c. Length of	stay in Baltimore	Mos. Days	728 W. Redwoo	
5.sex Male	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9.	AGE (In years     onder   Year   ft Under 24 Hou   last birthday)   Months Days   Hours Mi
10A. USUAL OC		TTTOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign	(n country) 12. CITIZEN OF WHAT COUNTR
13. FATHER'S	NAME	K	14. MOTHERNS MAIDEN NAME	
		N	0	
15. WAS DECEAS	SED EVER IN U. S. ARME (If yes, give war or date	D FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANW	ADDRESS
heart fail injury or DISEASE	LEADING TO DEA es not mean the mode ure, asthenia, etc. It men r complication which  ANTECEDENT CAUSE ES OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	ns the disease, causad death.) DUE TO  SES  (B)  F ANY, GIVING STATING THE DUE TO	wound of chest	- nearo
OTHER STRIBUTION	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED		
19A. DATE	OF OPERATION 1	9B, MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
UNDERLYIN	EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (a.g., in or RLYING A OR CONTRIB. about home, form, factory, atreet, office bldg., etc.)  HOME  21c. WHERE DID (If in Baltimore City, give about home, form, factory, atreet, office bldg., etc.)  1NJURY OCCUR?  22 W. Redwood Street		Baltimore City, give exact location)	
21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   CONTROL   CONT				
the ev	idence obtained by	rge of the remains described a said Autopsy, Inspection or I	bove, held an Autopsy. Insp Autopsy. Insp Inquiry, find that said deced	thereon and fro ection or Inquiry sed died on the day stated abou homicide A, undetermined
23A. SIGNA		- 0	23B. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA .D. MEDICAL INVESTIGATOR	MINER 23c. DATE SIGNED
24A. BURIAL. TION, REMOVAL (S		24C, NAME OF CEMETE		TION (City, town, or county) (State
DATE RECEIVE LOCAL REGIST		S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE P. NLY, WITH correct age is especially important.

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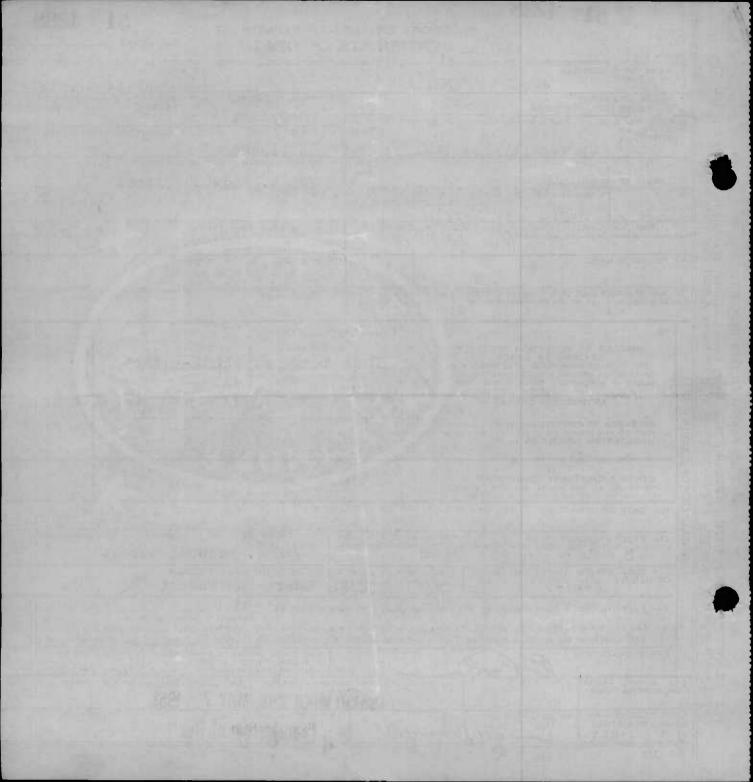
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ally supplied. The

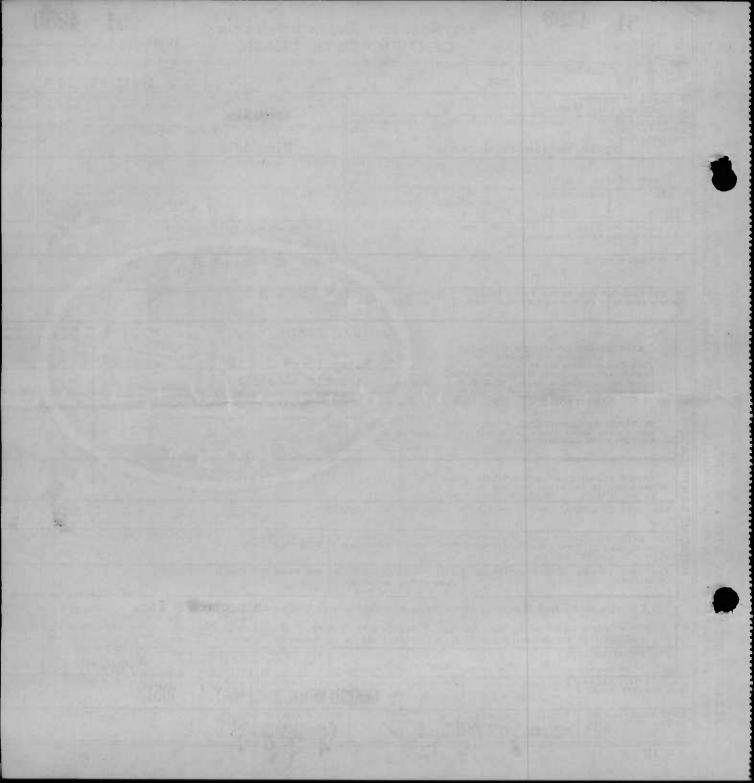
UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and legibly

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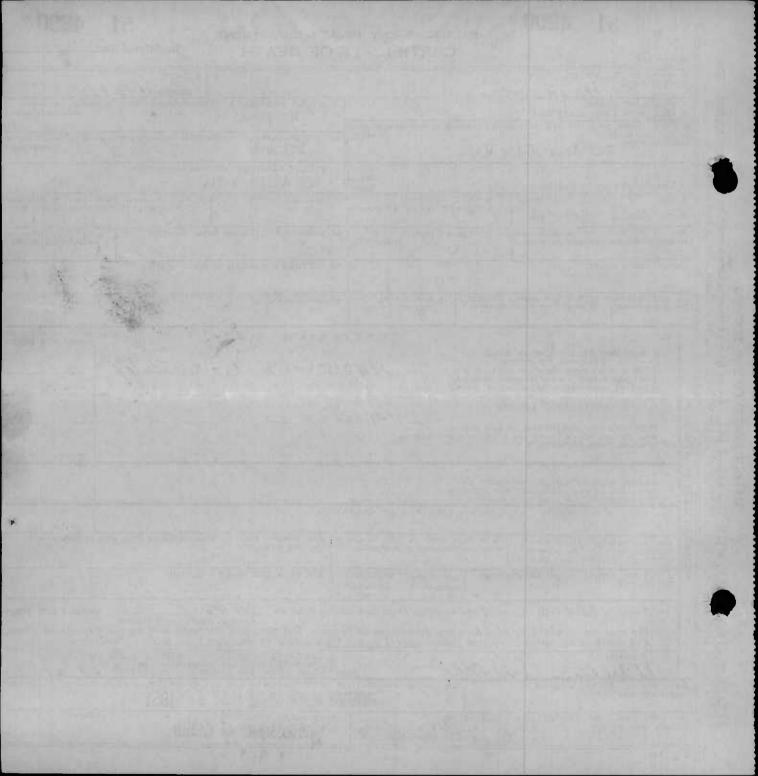
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6	251	4289	вА			ALTH DEPARTMENT	Registere	51 4289
	TH NO.	FASED		CERTITION	~ I L	OI BLAITI	2. DATE	
	e or Print)		JOHN	H.		FRAZIER	05	11 23, 1951
3. P	LACE OF DEA	TH: y, Maryland				4. USUAL RESIDENCE ( A. STATE Virginia	Where deceased lived B. COUNTY	
B. FI	ULL NAME O		pital or institu	tion, give street addres	. \ ]-	c. CITY OR TOWN	If outside corporate li	mits, write RURAL and
INS.	Sou	th Baltime	ore Gene	ral		Dinwiddie		towns
c. I	ength of sta	y in Baltimore		M	rs. los.	D. STREET ADDRESS (I	f rural, give location)	
5. S		.COLOR OR RAC	E   7. SINGL	E. MARRIED, VED, DIVORCED (Spe		8. DATE OF BIRTH	9. AGE (In years last birthday)	H badsa l Yeer H Under 24 h Months Days Hours N
10A.	USUAL OCC	JPATION (Give kin- orking life, even if retir	dof 10B. MN red) K	D OF BUSINESS OF INDUS		11. BIRTKPLACE (State or N	foreign country)	12. CITIZEN OF WHAT COUNT
13.	FATHER'S NA	ME		N		14. MOTHER'S MAIDEN I	NAME	
15.	WAS DECEASED	EVER IN U. S. ARI	MED FORCES?	()		W		
Yes, 1	no or unknown)	(If yes, give war or d	lates of service)	SECURITY NO	0.	17. INFORMAN		ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO Chronic alcoholiam  (B)  DUE TO  CHORIC SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							
U -	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION							20. AL OPSY
	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bidg., etc.) INJURY OCCUR?							
21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.)  21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY  21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY  22c. Lecrify that I took charge of the remains described above held an Inspection & Ing.								
244	the evid	nce obtained the in my opinion RE	arge of the by said Auton resulted	remains describe opsy, Inspection of from: natural car	ed ab or In uses	quiry, find that said of accident [], suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL	pection or Inqui leceased died on	the day stated abo, undetermined $\Box$ . 23c. DATE SIGNED  May 3, 1951
DAT	E RECEIVED	BY REGISTRA	R'S SIGNATI	Lianes, M.B	2	25. FUNERAL DIRECTOR Commissioner of L	lealth	ADDRESS
VS	151	241	6 3	1 244	1	4 4 5 1		124a L



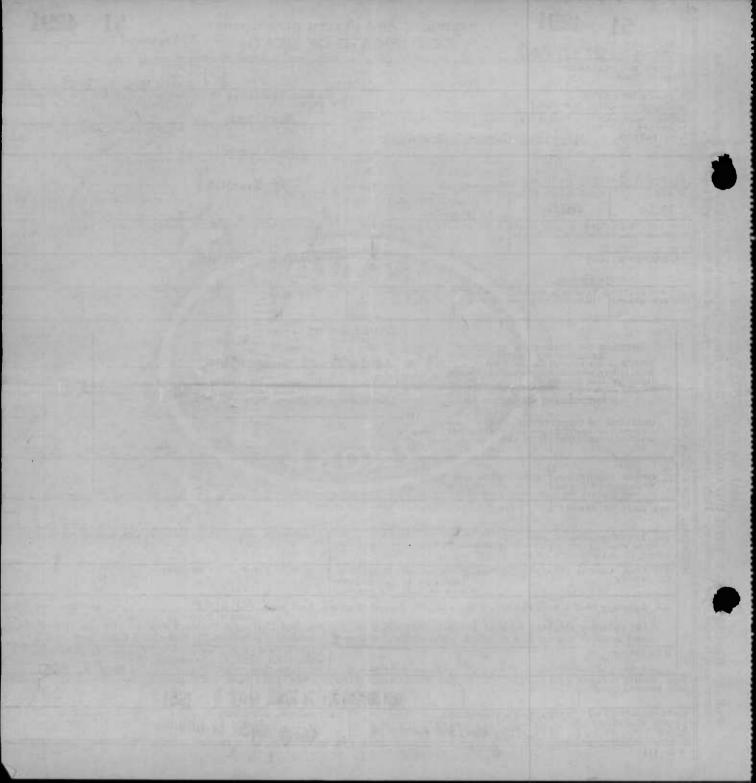
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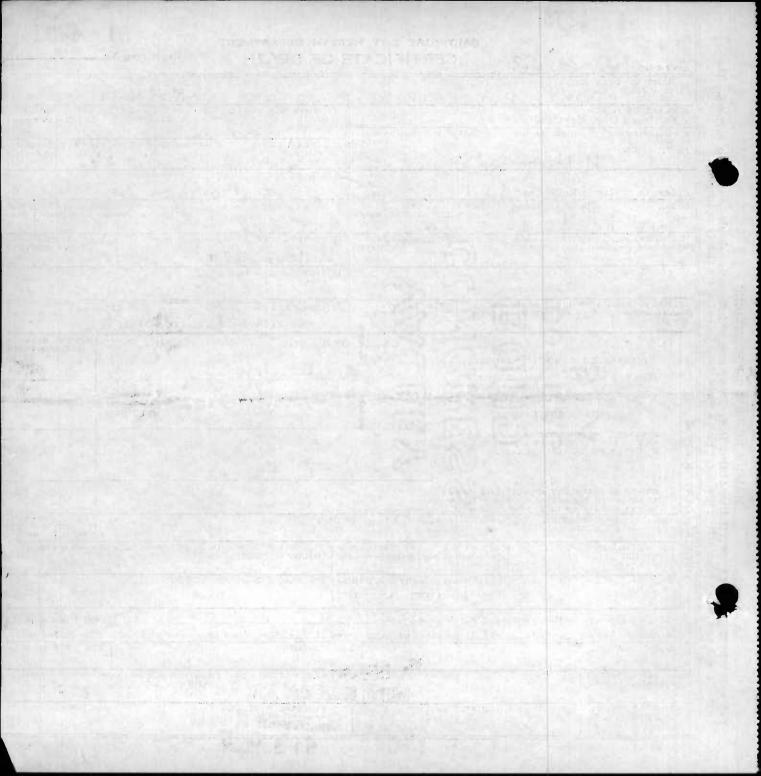
PLEASE WRITE

11	5	1 4292						
(4)	523	10	BAL	TIMORE CITY HE	ALTH DEPARTMENT	5	1 4292	
	ND-10294	1		CERTIFICAT	E OF DEATH	Registered No	)	
	NAME OF D		orge Kr	3 mln4		2. DATE OF Man 2	1073	
	PLACE OF D	EATH:	orge m	light	4. USUAL RESIDENCE (W			
-	Baltimore (	OF (If not in hospit	al or institut	ion, give street address or	A. STATE Maryland	B. COUNTY	before admission)	
H	OSPITAL OR	Baltimor	e City	Hospitals location)		outside corporate limits,		
13	1	4940 Eas	tern Av	renue		06 n. Eli	char township)	
				Yrs. Mos.	D. STREET ADDRESS (If I			
And designation of	Length of s	tay in Baltimore	7 SINCLE	Yrs. Days	B.C.H. 4940 East		nder 1 Year   II Under 24 Hours	
	Male	Negro	Separ	ED, DIVORCED (Specify)	Aug. 26,1900	last birthday) Mont	ths Days Hours Min.	
1C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?	
					N.G.			
	FATHER'S				14. MOTHER'S MAIDEN NA	ME		
	John Kni				Eliza Chain			
(Ye	s, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Records: 4940 I	nore City Hosp Eastern Avenue	Fitals	
	18. 00	2 X		CAUSE	OF DEATH	-as verification	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
		complication which						
	ANTECEDENT CAUSES							
Z	DISEASE	S OR CONDITIONS, I	F ANY. GIVI	(B)		***************************************		
AT	RISE TO	THE ABOVE CAUSE (A)	STATING TI					
FIC.								
RTIF	071150	11		(C)				
ш	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	Inherenla	sis, arrested	· · · · )	5 Yrs.	
O		F OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?	
CAL							YES NO X	
EDI	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (c. g., it farm, factory, street, office bldg.,		f in Baltimore City, give	ve exact location)	
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE				
	22. I hereb	y eertify that I att	ended the	deceased from	7-16 , 1946, to	5-3 1951,	that I last saw the	
	deceased a		. 19 51,	and that death occur	red at 6:55p m., from tl		date stated above.	
	23A. SIGNA	TURE	101		3B. ADDRESS		23c. DATE SIGNED	
2.	AA BURIAL	CREMA- 24B, DATE	1		1940 Eastern Avenu		5-8-51 r county) (State)	
	4A. BURIAL. ON, REMOVAL (S	Specify)	0	IINIVEDO		1 0 1951		
D	ATE RECEIVE	D BY   REGISTRAR'	S SIGNATU	IRE I	25. FUNERAL DIRECTOR		ADDRESS	
1	NAY 1 31		· land	Villiams, M	Commissioner of	Health		
	VS 150		9	5 1 m 0 1	0 4 3 3 1 2	. a. 1/2 - 4	13B	

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(	VRITE F LY	is especially imp
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	ASE WRITE F	ect age is especially imp
	PLEASE WRITE F. LY, WITH UNFADING INK. Every item of inform	correct age is especially imp

		51 4293				EA	4002		
-	( ) R	363 IRTH NO. 51-01954		CERTIFICATI	E OF DEATH	Registered No.	4293		
	1.	NAME OF DECEASED Type or Print) TABY	BOY	STREETE	R.	2. DATE OF DEATH 5-4-51			
		PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W		titution : residence before admission)		
	В.		ital or institut	ion, give street address or location)	c, CITY OR TOWN ) (If	outside corporate limits, v	A DIIDAI and in		
	IN	ISTITUTION U. Ham	Jals			cre -/3-0	township)		
and legibr.		y u. Hong		Yrs. Mos.		rural, give location)			
l leg	- Contraction	Length of stay in Baltimore	1 7 5 1 5	Days		edison avi			
	-	BOY West	NIBON	E. MARRIED. VED. DIVORCED (Specify)	4-4-51	9. AGE (In years 11 Und last birthday) Month	Days Hours Min.		
clearly		OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for M. HO Soutals		WHAT COUNTRY		
death	13	. FATHER'S NAME			14. MOTHER'S MAIDEN NA		VERNORAL		
	15	7 5. WAS DECEASED EVER IN U. S. ARMI	TO CODOROS	1					
s of	(Yes	e, no or unknown) (If yes, give war or da	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	illian Street	RESS		
causes		1B. 771/V		CAUSE	OF DEATH	wan sould	INTERVAL BETWEEN		
ease write the	NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) MO DICTURE  (A)  DUE TO							
Physicians: please	CATI	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	) STATING T	HE DUE TO			1		
icia	TH	in the		(C)					
hys	CER	OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELAT	ED					
				FINDINGS OF OPER	RATION		20. AUTOPSY?		
important.	EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		f in Baltimore City, give	YES NO exact location)		
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OF INJURY   WHILE AT   NOT WHILE									
peci		22. I hereby eertify that I as	tended the	deceased from 4	-4, 1951, to 5	5 - 4 , 1951, t	hat I last saw the		
s es	- 1	deceased alive on 5 - 4 -			rred at <u>A. 33 F</u> m., from to 23B. ADDRESS		date stated above 23c. DATE SIGNED		
ge 1		Deise		м. D.	cerizob.y		5-4-7-1		
correct age is especia	710	4A. BURIAL, CREMA- ON, REMOVAL (Specify)		24c. NAME OF CEMETE	THE SCHOOL MAY 1 1	1951	county) (State)		
corr			tic for		Commissioner of his	alth ^	DDRESS		
		VS 150	10	by Amely 1	O AID North	14. 1	159		



# BALTIMORE CITY HEALTH DEPARTMENT

	1	51 4294					
P .:	3	TT allocations		4294			
The		RTH NO. CERTIFICAT	E OF DEATH Registered No				
		NAME OF DECEASED bype or Print) Ernest Petty	2. DATE OF April 2	27.1951			
y supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if inst A. STATE B. COUNTY				
ins	B. HC	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR Baltimore City Fornitals location)		rite RURAL and give			
= .	JN JN	4940 Eastern Avenue	Baltimore //- 0	township)			
10 Ig	-	Yrs. Mos.	rs. O. STREET ADDRESS (If rural, give location)				
be c	Total Control	Length of stay in Baltimore 30 Yrs.  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	606 N. Calvert St. (2)	r 1 Year   II Under 24 Hours			
uld y an	M	ale White Widowed (Specify)	Dec.28,1884 last birthday) Months	Days Hours Min.			
sho		A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?			
tion h cl	13	. FATHER'S NAME	Virginia 14. MOTHER'S MAIDEN NAME				
VG rma leat		Joe Davis Petty	Sue Mc Donald (Mc Dowell)				
BINDING of information should be causes of death clearly and legibra	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (a, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Baltimore City Hospi	itals			
		18. (26 Y CAUSE	Records: 4940 Eastern Avenue	INTERVAL BETWEEN			
FO ite		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO	ac Respiratory, Failure , probable	3 Days			
2		ANTECEDENT CAUSES		S Maria			
MARGIN RESERVED UNFADING INK. Ever Physicians: please write	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	А				
MARGIN NFADING nysicians:	TIFI		time might surrow lobe Pickt mi	dio lobo			
MA	ER	TRIBUTING TO THE CEATH, BUT NOT RELATED Lobectomy for bronchiectsis					
tri .	L	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	3 Days			
LY, WITH important.	DICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  Rt. upper lobe, Rt. n  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg.	in or   21c. WHERE DID (If in Baltimore City, give	exact location)			
YY,	MEI						
Jiy iii		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK					
Py			-28 , 19 51, to 4-27 , 1951, t	hat I last saw the			
TE			rred at 11:15pm, from the causes and on the causes and on the	date stated above. 3c. DATE SIGNED			
WR.		M. Clogen M.D.	4940 Eastern Avenue	5-7-51			
PLEASE WRITE P	24 TIC	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	TO THE REPORT OF THE PROPERTY AND THE PR	county) (State)			
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	The state of the s	DDRESS			

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# THE MEET ON THE WAY STOP SHOWING BY The Control of the Co

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before (dmission)

12. CITIZEN OF

ADDRESS

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INTERVAL BETWEEN

ONSET AND DEATH

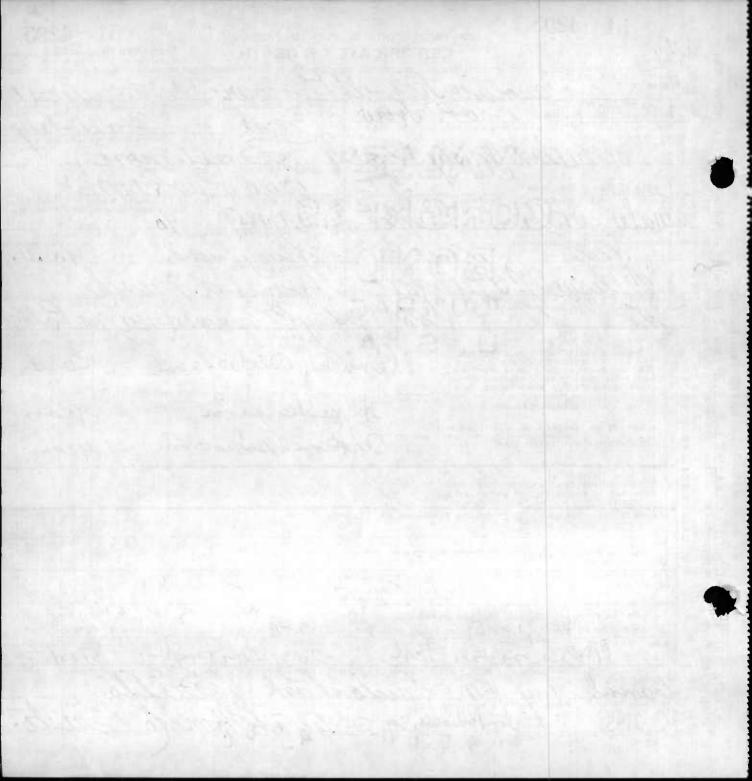
20. AUTOPSY

23c DATE SIGNED

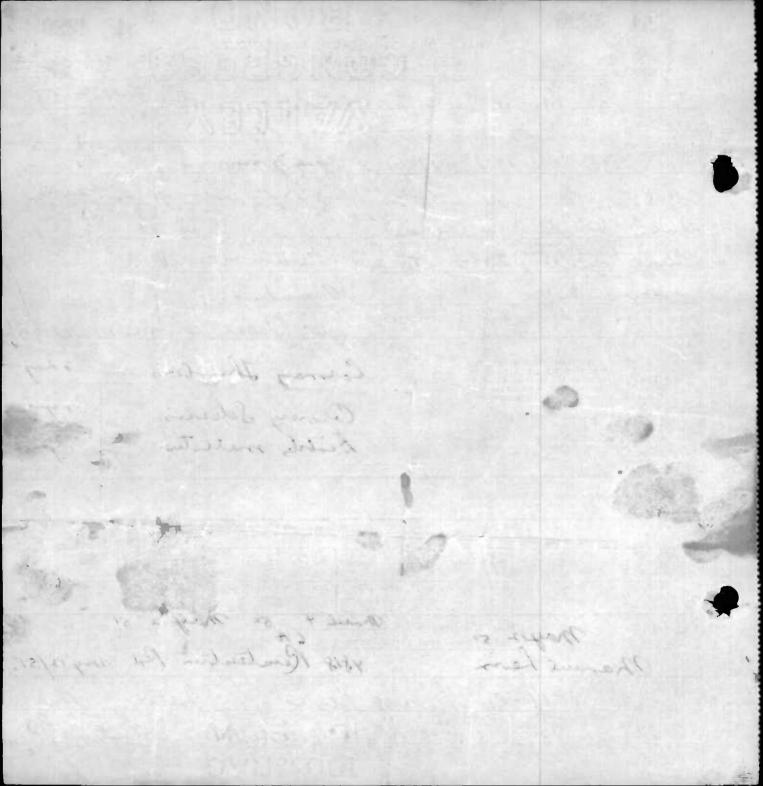
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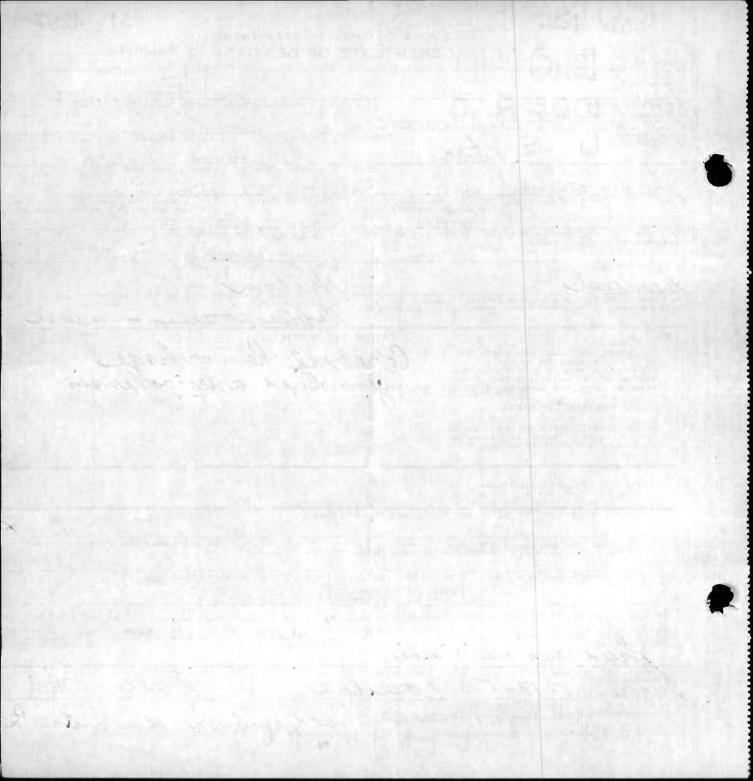
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S 455 BALTIMORE CITY HEALTH DEPARTMENT					
CERTIFICATE OF DEATH  Registered No					
BIRTH NO.  1. NAME OF DECEASED W					
(Type or Print) WILLIAM SCHULMAN DEATH	-12-51				
3. PLACE OF DEATH:   4. USUAL RESIDENCE, (Where deceased lived.	If institution: residence				
A. Baltimore City, Maryland  B. COUNTY	before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or location)    HOSPITAL OR   C. CITTOR TOWN (If outside corporate line)	nits, write RURAL and give				
INSTITUTION 3746 Office A Aking Maltines 1	5-// township)				
Yrs. D. STREET ADDRESS (If rural give location)	X				
c. Length of stay in Baltimore Lefe Mos. 3746 Columbus.	Dreve				
5 SEX 6 COLOR OF BACE 7 SINGLE MARIJED 18 DATE OF BIRTH 19 AGE (In years)	If Under 1 Year   If Under 24 Hours				
Male White WIDOWED, DIVORCED (Specify)	Months Days Hours Min.				
10A USUAL OCCUPATION (Givekind of 10B KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF				
work fine during most of working life, even if retired) Food Store Haltmore Me	WHAT COUNTRY				
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Samuel Namel					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17 INFORMANT//	ADDRESS /				
(Yes, no or unknown), (If yes, give wer or dates of service) SECURITY NO.	Fralden not Ko				
18. 2 6 0 Y CAUSE OF DEATH	INTERVAL BETWEEN				
	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cornary Throngs	1 day				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) DUE TO	, year				
ANTECEDENT CAUSES Cornary Scherois					
O DISEASES OR CONDITIONS, IF ANY, GIVING					
UNDERLYING CONDITION LAST.	1 year				
(C)					
OTHER SIGNIFICANT CONDITIONS CON-					
	1.20, AUTOPSY?				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	VES NO				
	y, give exact location)				
LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT WHILE	M34				
m.   WORK   AT WORK   1950 to Mary 12 19	51, that I last saw th				
deceased alive on 125, 195, and that death occurred at 4 m., from the causes and on					
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED				
Thanual herm M.D. 4818 (evalesterin Fel	May 12/51.				
24/ BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETERY OR CREMATORY   24D. LOCATION (City, to	wn, or county) (State)				
Luneal J-14-51 Serreng Reve Batto	ma				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 75. FUNERAD DIRECTOR	ADDRESS D				
MAY 29659 turtustor thismes tall haveings 2100 6	Sutar 16				
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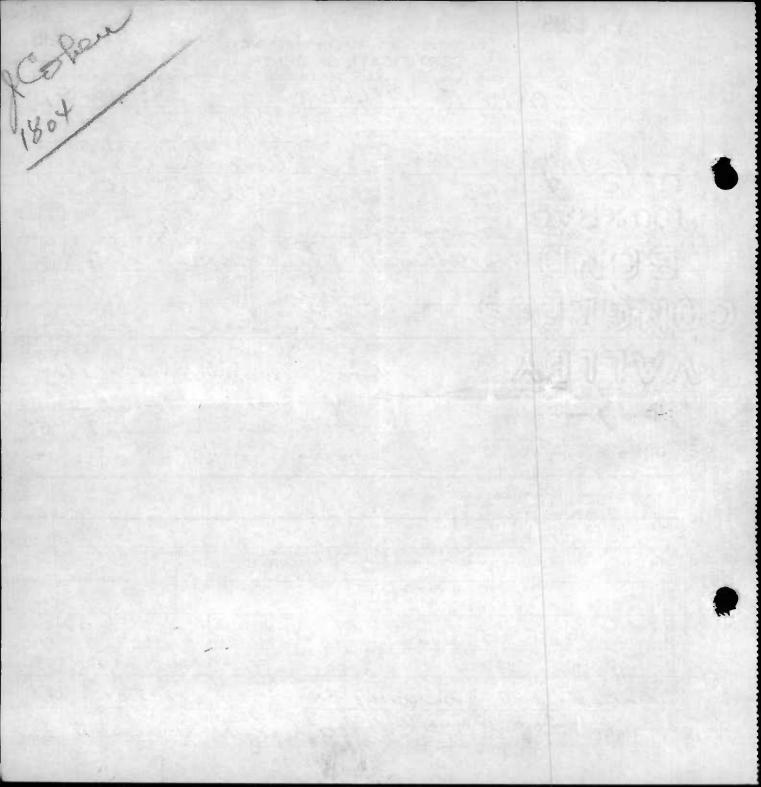
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# BALTIMORE CITY HEALTH DEPARTMENT

	RTH NO.	FICATE C	OF DEATH	Registere	l No		
1.	NAME OF DECEASED			2. DATE. OF	22 2042		
	Rosen, Lottie PLACE OF DEATH: Baltimore City, Maryland		USUAL RESIDENCE	CE (Where deceased lived.	If institution: residence before admission		
	FULL NAME OF (If not in hospital or institution, give stress of the stre	location) C.	CITY OR TOWN Balt	timore /0	mits, write RURAL and gi		
c.	Length of stay in Baltimore 58 yr.	Yrs. Mos. Days		(If rural, give location) Harford Ave			
5.	6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR	(CED (Specify)	ober 12. 18	9. AGE (In years last birthday)	ff Under 1 Year   If Under 24 Hou Months Days Hours Min		
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  HWfe. OWn home	NESS OR INDUSTRY	BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTR		
13	FATHER'S NAME	14.	MOTHER'S MAIDE	SSÍA EN NAME			
15 (Yee	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  SECU	AL JRITY NO.	INFORMANT R	Don -	ADDRESS - Anne		
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.	0		norrhad	soci		
C	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDING	S OF OPERATIO	DN		20. AUTOPSY?		
EDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, s CAUSE OF DEATH	JURY (e. g., in or treet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)		
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased deceased glive on May 11, 1951, and that 23A. SIGNATURE	death occurred	at 4:55pm., fr	com the causes and or	23c. DATE SIGNE		
24 TIO	AA BURIAL, CREMA- 248. DATE 24C. NAME		R CREMATORY 2	4D. LOCATION (City, to	wn, or county) (State		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 1 21051	M. 12 (29.	EK REW	udre 210	ADDRESS Setan 1		
	vs 150		1 2 0 5		030		



11	51 4230	51 4	298	
1	BALTIMORE CITT HEALTH DEPARTMENT		052	
D	CERTIFICATE OF DEATH Registered N			
-	NAME OF DECEASED 12. DATE			
	Type or Print) SORRIS P. MILLER OF DEATH S-	-13-4	51	
	PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If			
	Baltimore City, Maryland  A. STATE  B. COUNTY	befor	re admission	
H	FULL NAME OF (If not in hospital or institution, give street address or location) C. CUM OR TOWN (If outside corporate limit of the corpo	ts, write RU!	RAL and gi	
1	ISTITUTION 9027 WHILE ave Williamore 2	7-16	township	
-	Yrs. D. STREET ADDRESS (If rural, give location)	. 0		
c.	Length of stay in Baltimore 46 3027 Wylee W	a de	,	
5.			if Under 24 Ilou	
1	Hale White (Bedowed Specify) last mithday) Me	Jiths: Days	nours: Min	
10	DA. USUAL OCCUPATION (Givekind of 10B) KIND OF BUSINESS OR II. BIRT PLACE (State or foreign country)	12. CITIZE		
/	Colleged Matallineat Moustay Matallineat	(1.	COUNTRY	
13	ATHER'S NAME 14 MOTHER'S MAIDEN NAME			
1	Neudel Chia	1		
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  16. SOCIAL  17. INFORMANT  A  SECURITY NO.	DDRESS	_	
(10	se, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Lun	e	
	18. 50 V. O CAUSE OF DEATH		AL BETWEE	
	DISEASE OR CONDITION DIRECTLY	ONSET	AND DEAT	
	(This does not mean the mode of dying, e.g., (A) Broncho promonation	10	my	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		8	
-	ANTECEDENT CAUSES			
Z	(B) Emphyallina	20	years	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
Y	UNDERLYING CONDITION LAST. (C) Chrome pronclutes	20	year	
it.				
RT	OTHER SIGNIFICANT CONDITIONS CON-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. A	UTOPSYT	
CA		YES	NO	
	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in or   21C. WHERE DID (If in Baltimore City, about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?	give exact l	ocation)	
M	CAUSE OF DEATH			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
	mile at work at work			
	22. I hereby certify that I attended the deceased from May 9 13, 193, 193			
	deceased alive on 11 14, 19, and that death occurred at 1, from the causes and on t			
	23A, SIGNATURE Game Color 1804 & Fand Place	23c. DA	TE SIGNE	
2	M. D. 170 7 0 1 1000	or county)	State	
TI	ON REMOVAL (Specify) - 13-47 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION 19 ty, town	7	Mil	
1	THE RECEIVED BY LINES STEAR S SIGNATURE 1/25. FUNERAL BIRECTOR	ADDRESS	5 /	
L	OCAL REGISTRAR I MUNICIPAL MUNICIPAL MANUEL	, tais	10	
1	1AY 1 31951 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	diane)		
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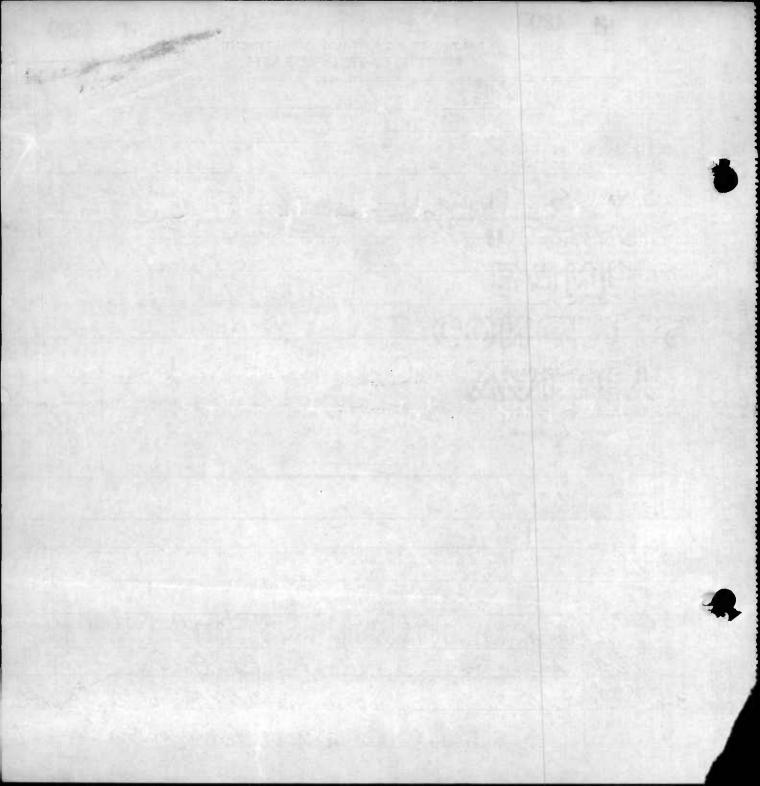
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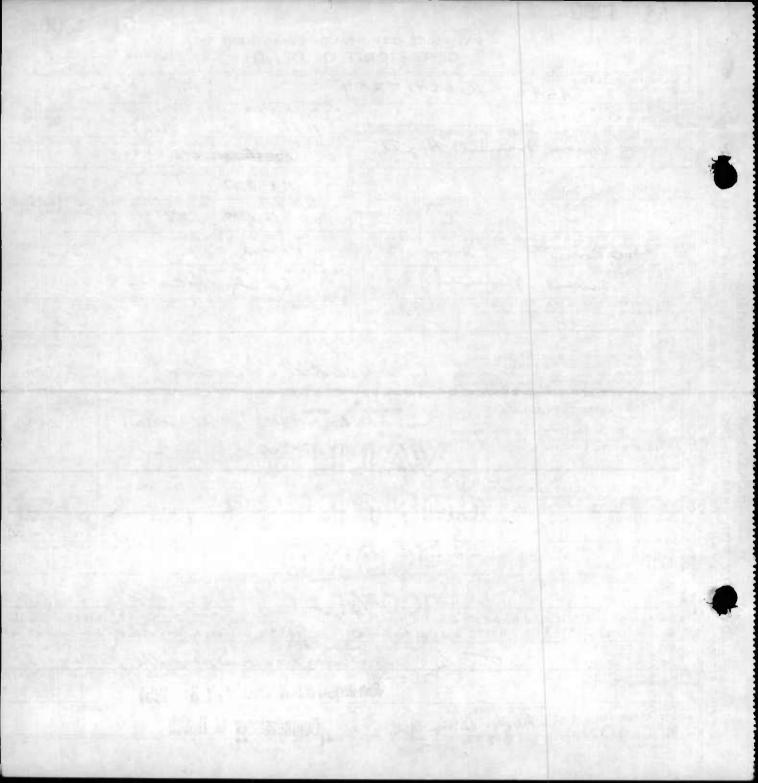
	EALTH DEPARTMENT
BIRTH NO. CERTIFICATI	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) William Ch	usty 2. DATE 5/10/5/
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR BAR - WIL - BA HOME location) INSTITUTION BAR	C. CITY OR TOWN (M outside corporate limits, write RURAL and give
1 21101 COLD SPRING LANE	Baltimore 19- Ownship
Yrs. Mos.	D. STREET ADDRESS (If rupal give location)
c. Length of stay in Baltimore Days  5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Hours
Male Cal WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB, KIND OF BUSINESS OR work done during spost of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1 angland USA
Unknow	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Centenown
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT) Record.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	is Vascular and Discus
ANTECEDENT CAUSES .	20/1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	RATION   20, AUTOPSY?
N N N N N N N N N N N N N N N N N N N	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., c	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE MY WORK	
22. I hereby certify that I attended the deceased from Ma	1951, to May 10, , 1957, that I last saw the
	red at 1:30 A:m., from the duses and on the date stated above
Mr Jacken M.D.	600 le alimator ane 5/457
24A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TIPM, REMOVAL (Specify) 5-14-51 Minus Plan	RY OR CREMATORY 240. DOCATION (City, town, or equity) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	28. PUNERAL DIRECTOR ADDRESS

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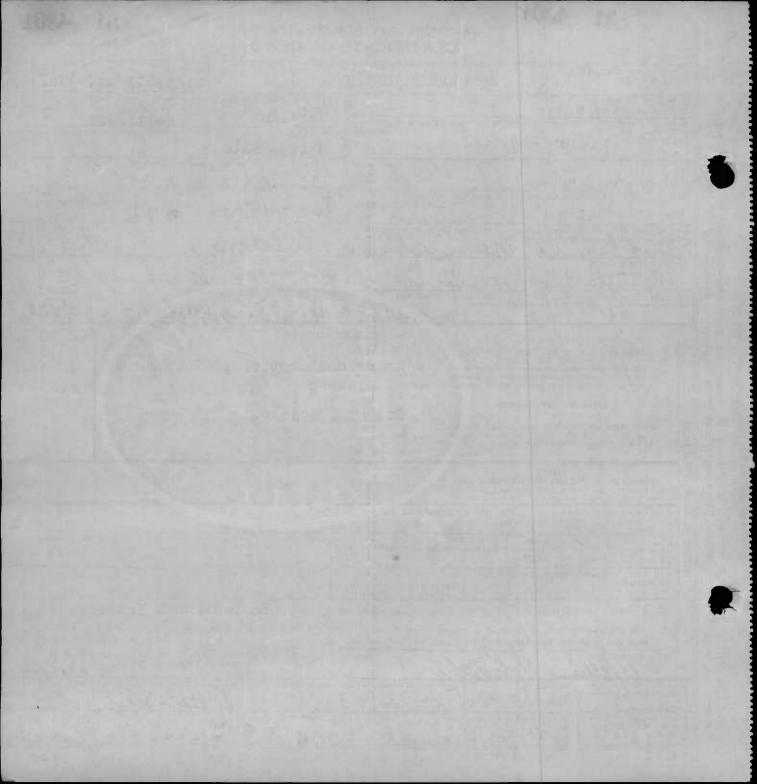
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MAKGIN RESERVED FOR BINDING	PLEASE WRITE F ILY, WITH UNFADING INK. Every item of information should be d	orrect age is especially important. Physicians: please write the causes of death clearly and legizary
MAKGIN KESEKV	NFADING INK. 1	nysicians: please w
	ILY, WITH U	important. P
1	VRITE P	is especially
	PLEASE V	orrect age

13	51	4300	The second secon		X 5	1 4300	
7	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No						
	BIRTH NO.		CERTIFICA	TE OF DEATH	reeg.sserred .		
	1. NAME OF (Type or Print)	TASH.	A KOSCHITZA	49	2. DATE OF DEATH	-2-51	
		City, Maryland	pital or institution, give street address	4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution: residence before admission	
	HOSPITAL OR		// location	c. CITY OR TOWN (If		ts, write RURAL and give	
-		7	Yrs				
11=	c. Length of	stay in Baltimore		n=0#	1	5200	
y allo	F	6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH  AUG /6,/900	9. AGE (In years last big thday)	If Under 1 Year on the Days Hours Min.	
Tears	ork done during mos	CCUPATION (Give kind tof working life, even if retir	108. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY	
Teans	13. FATHER'S	Samuel	Rodeweld	14. MOTHER'S MAIDEN N.	Roask		
10 00	15. WAS DECEA Yes, no or unknown	SED EVER IN U. S. ARM	IED FORCES?   16 SOCIAL	17. INFORMANT	A	DDRESS	
en	18. 16.	- 0	CALISE	OF DEATH		INTERVAL BETWEEN	
2	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Myscullial Infastion						
3	heart fail	heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES  (B) ARTEGIO SCLEROTIC HEART DISEASE						
3	DISEASE	S OR CONDITIONS	IF ANY, GIVING	CA10- XCERDIC AC	9AI WIZIASE	ASE	
- F	LINDERL	THE ABOVE CAUSE (					
			(C)				
		11					
		SIGNIFICANT CON				1/2	
	TO THE	DISEASE OR CONDITI					
	19A. DATE	OF OPERATION	19B. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?	
	5		1 01- 51 (55 05 11111111111111111111111111111	1 00-144-1-1-1	IA I TO INI	YES NO Y	
The carrie	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING   About home, farm, factory, etreet, office bldg., etc.)  LOUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, etreet, office bldg., etc.)  1 NJURY OCCUR?						
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	22. I here	hu certify that I c			5-2 105	, that I last saw th	
2	deceased of		$\frac{5}{19}$ , and that death occ		he causes and on t	he date stated above	
	23A. SIGNA		, 15 and that death occ	23B. ADDRESS	ne causes and on t	23c. DATE SIGNED	
3	11//	ace 2. 12	ettiila no	Incon Memorial	(Nocontal	2 May 1951	
0	24A. BURIAL.	CREMA- 24B. DATE	24C. NAME OF CEME		OCATION (City, town	or county (State)	
3	TION, REMOVAL (			HUPMANS MEDICAL SCHOOL MA	Y 3 1951		
	DATE RECEIVI	TOAD - ST 4	R'S SIGNATURE	25. FUNERAL DIRECTOR	TE: .WL	ADDRESS	
	MAY 1 4	1951	ington Milliams of Allen	Lemmissioner of	Health		
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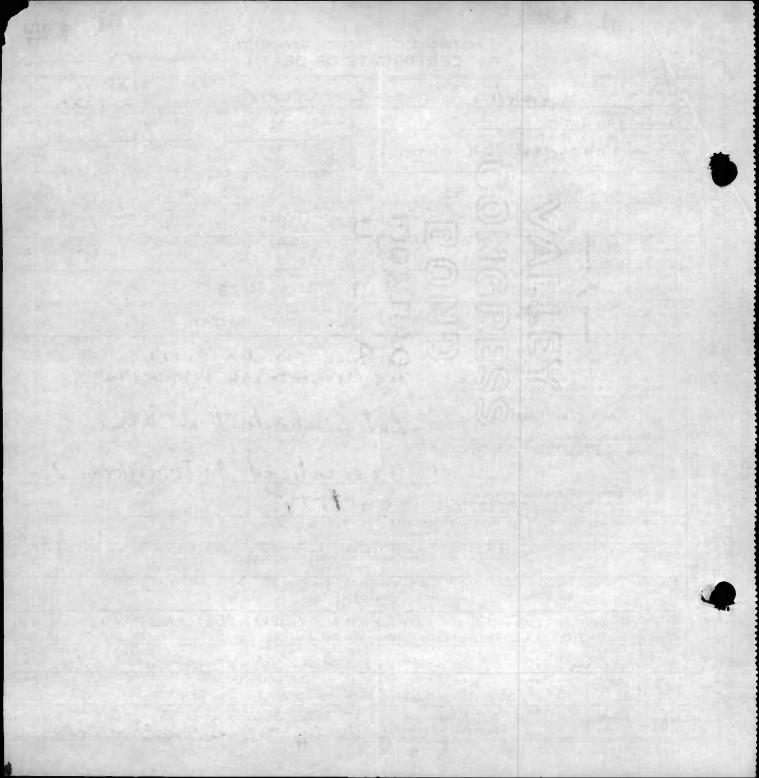
232 4301	BALTIMORE CITY HE		. 51 Registered No	4301
BIRTH NO.  1. NAME OF DECEASED (Type or Print)  1. NAME OF DECEASED (Type or Print)	BISCHETSRIEDER		2. DATE OF May 11	. 1951
3. PLACE OF DEATH: A. Baltimore City. Maryland	institution, give street address or location)	4. USUAL RESIDENCE (WASTATE Maryland		itution: residence before admission) E
c. Length of stay in Baltimore	8 Mos.	D. STREET ADDRESS (If	rural, give location) Road	(500
5. SEX   6. COLOR OR RACE   7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Spare of BIRTH	9. AGE (In years last birthday) Months	1 Year   R Under 24 Hours   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of 10 is well) done during most by working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	M. BIRTHPLACE (State or fo	reign country) 12.	WHAT COUNTRY
Wartin Bischet	rieder Confiscion	Gertrude	Bachne	ier
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES?   16. SOCIAL rvice)   SECURITY NO.	Mary 1. Bisc	Retorieder 201	3 Westshire
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ECTLY ing, e.g., (A) Arteri	of DEATH OSCIETOTIC CAR	diovascular	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF AN OR THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y. GIVING	ry sclerosis		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED			
	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
UNDERLYING OR CONTRIB-	1B. PLACE OF INJURY (e. g., i out home, farm, factory, street, office bldg., a		f in Baltimore City, give	1
21D. TIME (Month) (Day) (Year) (Hot OF INJURY	while at NOT WHILE		OCCUR?	
the evidence obtained by said and death in my opinion, rest	of the remains described of Autopsy. Inspection or l	Autopsy, I Inquiry, find that said de	Inspection or Inquiry eccased died on the d	lay stated above
23A. SIGNATURE	m M	23B. CHIEF MEDICAL I ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	EXAMINER 23c. C	11,1951
24A. BURIAL. CREMA- 24B. DATE TION. REMOVAL (Specify) May 15 19	5/ London	RY OR CREMATORY 24D. LS	atto-Md	county) (State)
DATE RECEIVED BY REGISTRAR'S SI LOCAL REGISTRAR MAY 1 41951	GNATURE WILLIAM SA	25. FUNERAL DIRECTOR	fel don 5311	Edmond son
V S 151	0468)	1	93	) avel



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Parietawad	No		

	51 4302	51 4302				
The (	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.					
y supplied. Th	1. NAME OF DECEASED (Type or Print) Charles (arrolf	L COUPER 2. DATE MAY TO DEATH 12 1951				
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE reland B. COUNTY before admission				
	HOSPITAL OR PINCEREST SANATARIUM,					
ca leg.	c. Length of stay in Baltimore Life Moss. Days					
ld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year Nonths Days Hours Min.				
on should clearly an	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  Upholsterer  Furniture	11. BIRTHPLACE (State or foreign country)  Beltimore, Md. USA USA				
G matic eath	George Wm. Cooper	14. MOTHER'S MAIDEN NAME Eliza Clark				
R BINDIN	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO.	Mr. Albert Cooper				
MARGIN RESERVED FOR NFADING INK. Every item sysicians: please write the car	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	MYOCARDIAL DegencRATION?  PRIOSCICROTIC HEART DISEASE?  LERALIZE J ARTERIOS clerosis?				
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	:1:ty ?				
₩.	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?				
LY, WIT	HOMICIDE (Specify) about home, farm, factory, street, office hidg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) .etc.) INJURY OCCUR?				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY					
PLEASE WRITE PIc	22. I hereby certify that I attended the deceased from Ap deceased alive on MAT 12, 1951, and that death occu	no 24, 1951, to MAY 12, 1951, that I last saw the carred at 12.45.0 m., from the causes and on the date stated above 238. ADDRESS  230. DATE SIGNED  25/12/5/				
ASE ect ag	24a. BURIAL CREMA- TION, REMOVAL (Specify) Burial 5/16/51 Loudon Pa:	rk Cemetery Baltimore Md.				
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE	BALTO, 13, Md Deng J. Shuly				
	VS 150					



51 4303

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. oflay 12.1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY / before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years If Under 1 Year If Under 24 Hours last hirthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? USA

Goemann (Dadonter

INTERVAL BETWEEN ONSET AND DEATH

(If in Baltimore City, give exact location)

to May 12, 1951, that I last saw the 23c. DATE SIGNED

24D. LOCATION (City, town, or county) /

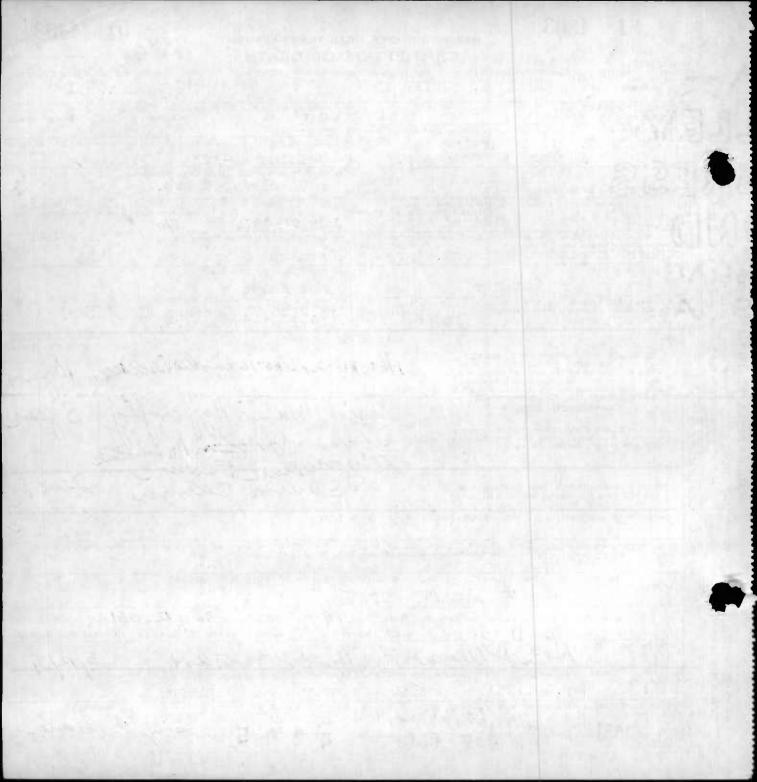
Baltimore Md.

HENRY SANDER & SOMS.INC

ADDRESS secon

PLEASE correct

VS 150



# BALTIMORE CITY HEALTH DEPARTMENT

Registered	No	
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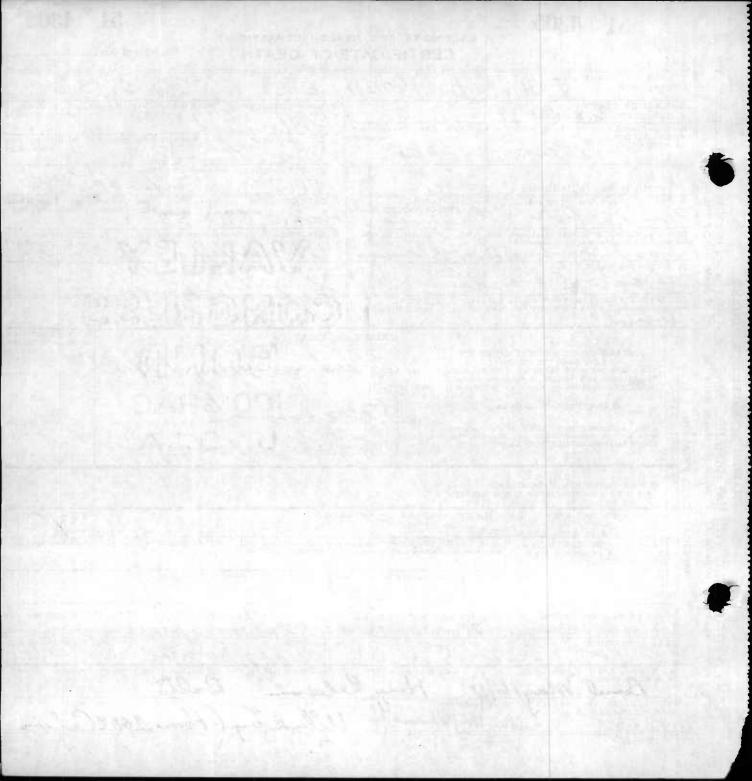
	1	51 4304	51	4304			
e con y supplied. The Slegible.	- 1	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No					
	1.	NAME OF DECEASED Thomas A. Williams	2. DATE OF DEATH May 10	). 1951			
	Α.	PLACE OF DEATH: Baltimore City, Maryland Balto. Md.  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE Md B. COUNTY				
	H	SPITAL OR STITUTION 823 William St.		vrite RURAL and give township)			
		Length of stay in Baltimore Life Mos. Days					
ould be	Ţ	sex 6.Color or RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specific Widowed)	9. AGE (In years last birthday) October 12,1871 79 yrs.	bi 1 Year   H Under 24 Hours   Min.			
on she clearl	work	A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTR Balto. Police De	Y	WHAT COUNTRY?			
VDING information should be s of death clearly and l		.Father's Name Benjamin Williams	Unknown				
BINDING of inform uses of dea	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO		est St.			
FOR y item		DISPASE OF CONDITION DIRECTLY	OF DEATH  Colitis  Colitis	INTERVAL BETWEEN ONSET AND DEATH			
ESER INK. lease	CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					
MARGIN F UNFADING Physicians: p		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	myocaralis arterio-scleros	25 years.			
H	CAL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE		YES NO			
LY, WITH	MEDIC,	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		exact location)			
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURI WHILE AT NOT WHIL AT WORK	E [ ]				
WRITE PI ge is especia		22. I hereby certify that I attended the deceased from deceased alive on May 5, 1957, and that death occurs.  23A. SIGNATURE  M.D.	erred at 6 m., from the causes and on the				
PLEASE W	24 TIC	A. BURIAL CREMA 248 DATE 24C NAME OF CEMET BUT 121 New Catheli					
PLE		TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AND KRAUSE GUNGRAL HOME-1216S.	CharlesSt.			

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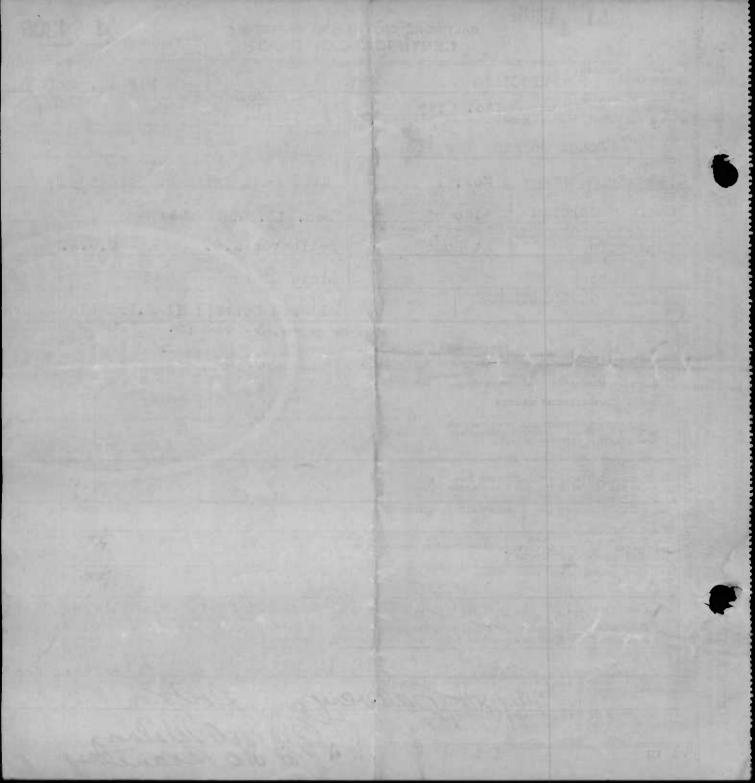
township)

If Under 24 Hours



1	4306				
-		BALTIMORE	CITY	HEALTH	DEPARTMENT
		CERTI	FICA	TE OF	DEATH

_				CERTIFICATE	E OF DEATH	Registered No.	
	RTH NO.						
	NAME OF D	PRISC	ILLA	MACKEY		oF DEATH MAY 11	, 1951
A.		City, Maryland E			4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If inst B. COUNTY	titution: residence before admission)
HO	FULL NAME SPITAL OR STITUTION			tion, give street address or location)		outside corporate limits, w	rite RURAL and give township)
3	3	Johns Hopk	ins Ho	spital	Baltimore		townsm _x ,,
C.	Length of s	tay in Baltimore	5 Mos	Yrs. Mos. Days	o. street address (If:	irmont.	+5-01
	SEX	O. COLOR OR RACE	7. SINGL	E, MARRIED.	8. DATE OF BIRTH	9. AGE (in years If Uad	or I Year   H Under 24 Hours
	emale	Colored	Wide		Dec. 15.1896	last birthday) Month	
work	dooeduriog most	CCUPATION (Give kind of of working life, even if retired)	At I	INDUSTRY	Bellhaven N.C		WHAT COUNTRY!
	FATHER'S		AU 1	101110	14. MOTHER'S MAIDEN NA		O s A s
		nkown			Lizza Clark		
		ED EVER IN U. S. ARMED		16. SOCIAL. SECURITY NO.	17. INFORMANT	ADD	RESS
N		(11 yea, give was of date	s or service)	SECURITY NO.	Mildred Morse	I6II E. Bram	bleton ave
TION	injury or  DISEASE RISE TO 1	ure, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, ITHE ABOVE CAUSE (A) YING CONDITION LA	caused death  SES  FANY, GIVII  STATING T	(B)			
CA.			311	(C)		***************************************	
ERTIFICATION	TRIBUTING	II SIGNIFICANT CONDI S TO THE OEATH, BUT	NOT RELAT	EO			
CE		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	O1. EVTEDI	NAL CALICE MAG	1 21B PI	ACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, give	exact location)
EDICA	UNDERLYIN	NAL CAUSE WAS G [] OR CONTRIB- CAUSE OF DEATH.	about home,	farm, factory, street, office bldg., a		in billounite Only, give	CARCO POSITION.
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		2 IE. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID INJURY	OCCUR?	
	22. I certi	fy that I took char	ge of the	remains described a	bove, held an Inspect	ion & Inqui	Wyreon and from
	the eva	idence obtained by eath in my opinion	said Auto	opsy, Inspection or I from: natural causes	nquiry, find that said de X, accident □, suicide	Inspection or Inquiry ceeased died on the e	day stated above, eterm ned [].
	23A. SIGNA		21		238. CHIEF MEDICAL I	EXAMINER . [] 23c. I	DATE SIGNED
	A. BURIAL, O N. REMOVAL (S		MENTS	M. 24c. NAME OF CEMETER	D. MEDICAL INVESTIGAT		county) (State)
		08/4	1/34	Joanne	ry o X	order 1	4
	TE RECEIVE	RAR I mule	SIGNAT	10 Tus Me	TO LOVIS	Wilson	DDRESS 61
V	5 151		4 5	1000	4 Port Ma	Beath	6.0 1/
			7 3		1000	Lane	4



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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

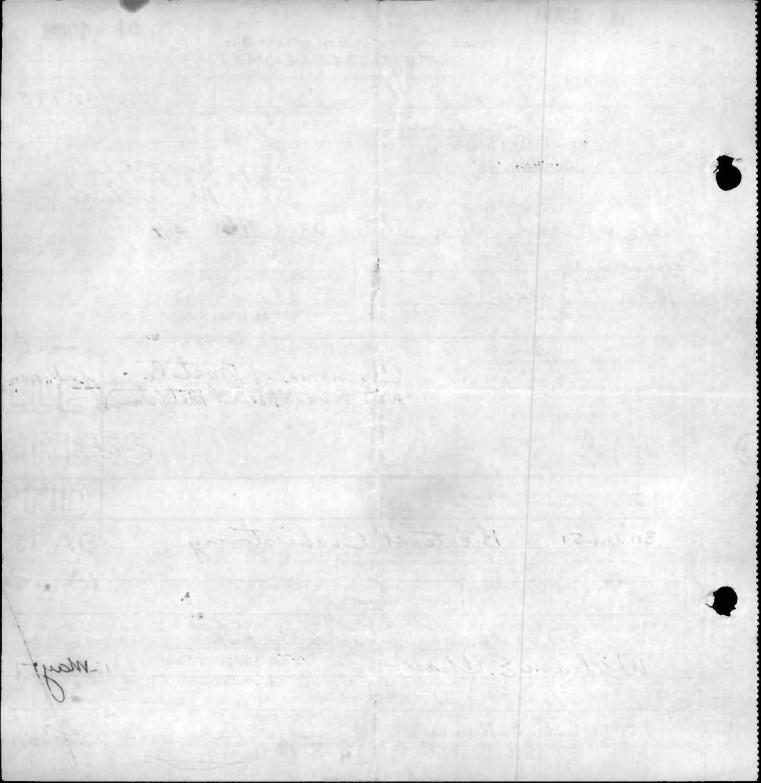
Registered	No.
DATE	

(T)	NAME OF DECEASED GIUSEP	PE SPECA		2. DATE OF DEATH May 12, 1951			
В. І	PLACE OF DEATH: Baltimore City, Maryland 34( FULL NAME OF (If not in hospite	l or institution, give street address or	4. USUAL RESIDENCE (V	Where deceased lived, If institution: residence B. COUNTY before admission)			
HO	OSPITAL OR ISTITUTION	location)	c. CITY OR TOWN (If	cutside corporate limits, write RURAL and give township)			
_	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If 3408 Claremont	N 1			
5.	SEX 6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years of Under 1 Year of Under 24 Hours last birthday) Months Days Hours Min.			
10/	Male White  A. USUAL OCCUPATION (Give kind of )	Married  10B. KIND OF BUSINESS OR	Sept. 12 1883 11. BIRTHPLACE (State or fo	oreign country) 12. CLIZEN OF			
	doneduring most of working life, even if retired) Door Attandand	Pennsylvania R.R.	Colonnella	Italy WHAT COUNTRY?			
13,	Pasquale Speca		14. MOTHER'S MAIDEN N.	AME			
15	. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	Carolina Scagna	ADDRESS			
Yes,	s, no or unknown) (If yes, give war or dates	of service) SECURITY NO.		ife) 3408 Claremont St.			
CERTIFICATION	LEADING TO DEAT  (This does not mean the mode of heart failure, asthenia, etc. It meat injury or complication which complication which complication which complication which complication which complications are selected to the above cause (A) underlying condition later of the significant conditions are selected to the death, but to the disease or condition 19A. DATE OF OPERATION 19.	f dying, e. g., (A)  sthe disease, aused death.)  ES  ANY, GIVING STATING THE ST.  TIONS CONNOT RELATED	cular plise	rdio 18-july pase 1949			
W.			Lote William Din	YES NO			
MEDICA	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.)  1 INJURY OCCUR?						
	21b. TIME (Month) (Day) (Year) (Hour) 21f. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from July , 197, to/2. May , 192, that I last saw the deceased alive on 12. May, 195, and that death occurred at 235 pm., from the caused and on the date stated above.						
	23A. SYGNATURE WELL	duous M.D.	2746 The all	Parcela 12-May-51			
24 TIO	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial May 15	.951 Oak Lawn Cemet	SET US TO SEE SEE	OCATION (City, town, or county) /(State)			
DA	ATE RECEIVED BY REGISTRAR'S		FUNERAL DIRECTOR	imora Md. ADDRESS			

. A Tholas 120 -115 Feb. 187-10 5391 dinaknistra rad Nor all a Committee the brown 1812 AUR (all proved a lab.) The Atlanta of the At Set that the set of th and the break and a state of the state of th in the a sectod of the King of

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700	BALTIMORE CITY HI	EALTH DEPARTMENT	()JL	4000
	CERTIFICAT	E OF DEATH	Registered No_	
1. NAME OF DECEASED		A	lo pare	
(Type or Print)	and 13,	uch	2. DATE OF DEATH MAY	12,1951
A. Baltimore City, Maryland	Bui 2	4. USUAL RESIDENCE (W	here deceased lived. If in the B. COUNTY	tution: residence before admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR THE JOHNS HOPKINS HO INSTITUTION	itution, give street address or location)		outside corporate limits, wi	rite RURAL and give
3.3 Baltimore 5, Md.	Yrs.	D. STREET ADDRESS (If	rural, give location)	5-01
c. Length of stay in Baltimore	Mos. Days	507	n. Centr	al are
Male Colored WIE	OWED, DIVORCED (Specify)	3-10-96  11. BIRTHPLAGE (State or for	9. AGE (In years last hirthday) Months	
Malena a Country ( )	INDUSTRY		reigh country) 12.	WHAT COUNTRY
Hey Buch		14. MOTHER'S MAIDEN NA	AME	2,
15 WAS DECEASED EVER IN U. S. ARMED FORCES (Yos, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANThe John	s Hopkins Hospitel	ESS
418. 1774	CALIGE	OF DEATH	more 5, ild.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT		. DEATH	1	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	as Care	unoma of on	ostale	Unknows
heart failure, asthenia, etc. It means the di- injury or complication which caused de		widespread	Metastase	
ANTECEDENT CAUSES	and to work	Wedespread	melastases	
DISEASES OR CONDITIONS, IF ANY, G	(B)	V		*00.0000.000
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				STEEL ST
	(C)		***************************************	••••••••••••••••••••••••••••••
F				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
	OR FINDINGS OF PER			20. AUTU/517
30apr513 B	ilateral (	Irchiecton	ry	YES NO
	PLACE OF INJURY (e. g., ione, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		OCCUR?	4
n n		- 4-	/ 2 - 10 61	
22. I hereby certify that I attended a deceased alive on 5-/2, 19 6	I, and that death occur	rred at 1. 30 m., from t		ate stated above
William E.	M. D.	23B. ADDRES Johns Hopk		2 May 5
24A. BURIAL, CREMA- THON, REMOVAL (Specify)  5/16/5/	Int. Cali	ANY Q.	a. County	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGN.	Manind, 165	osesh S. Kor	1/2 2 17-	n. Centralla
VS 150	1000	9300	0	51B



Registered No.

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PLEASE	Tooland of one toomoo

1.	NAME OF DECEASED ELIZABETH LEE TAUBE	R 2. DATE OF MAY 12, 1951
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
8.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
11 6	645 DUMBARTON AVE	BALTO 9-01 township)
o c	Length of stay in Baltimore 50 YRS. Mos. Days	D. STREET ADDRESS (If rural, give location) 645 DUNBARTON AVE.
mire 6	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	9. AGE (In years If Under 1 Year Months: Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of kidgle during most of working life, even if retired)  HOUSEWIFE  OWN HOME	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
neg L	SIMON PETER WOOD	ELIZABETH MCELGUN
5 (Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TOLOGIC IN TAILED CHICAGO III
	NO CAUSE	FRANCIS W. TAUBER CHICAGO, ILL.
20	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
en l	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	dual kemanhage 2days.
	injury or complication which caused death.) DUE TO	
9	ANTECEDENT CAUSES	Terio - relevario 8 sero.
ION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
S: L	UNDERLYING CONDITION LAST. (C)	ley sertension.
Physicians CERTIFIC	13	
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
Z 0	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OPERATION   19B.	RATION   20. AUTOPSY?
ant.		YES NO
mportant.	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., of CAUSE OF DEATH	
	21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
	m. WHILE AT NOT WHILE AT WORK	
pec	I have a good to go that a title had a the acceptant from	194310 5/12, 1951, that I last saw the
S C C C C C C C C C C C C C C C C C C C		rred at 5.30 m., from the causes and on the date stated above.
age 1	J. Willes Guylaw M.D. 3	3961 Greenmount-lac. 5/14/51
	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
orrect	BURIAL 5-15-194 NEW NATION ATERECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
00	ACAY REGISTRAR TUNINGTON / VILLE M. M. O.	H.W. JENKINS & SONS CO. 4905 YORK RD.
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

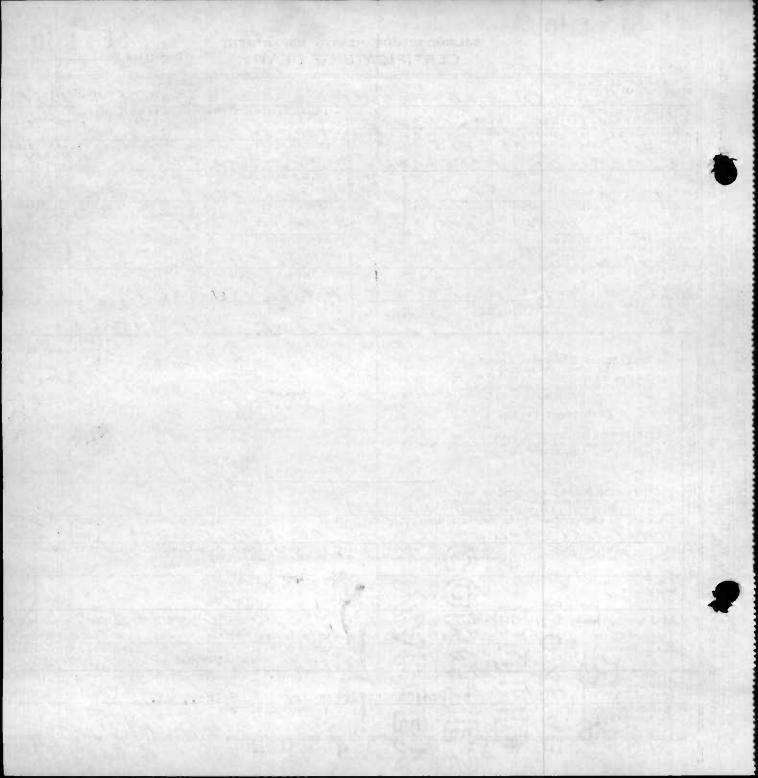
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LY, WITH UNFADING INK. Every item of information should be call important. Physicians: please write the causes of death clearly and legiory. MARGIN RESERVED FOR BINDING

PLEASE WRITE PL correct age is especia

	E CITY HEALTH DEPARTMENT	Registered No.
BIRTH NO.	IFICATE OF DEATH	negistered 110.
1. NAME OF DECEASED	,	2. DATE
1. NAME OF DECEASED (Type or Print) CAROLYN AIVNE T	APMAN	DEATH 12 MAY 1951
3. PLACE OF DEATH:  A. Baltimore City, Maryland  BALTIN	ORE A. STATE	Where deceased lived. If institution; residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR HOS PITAL FOR TINSTITUTION	treet address or MARY AND	If outside corporate limits, write RURAL and giv
WOMEN OF MARY 2A		township
11-1	Yrs. D. STREET ADDRESS (I	f rural, give location)
c. Length of stay in Baltimore 58	77	ND STREET
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRII WIDOWED, DIVO	RCED (Specify)	9. AGE (In years   Il Under   Year   Il Under 24 Hours   Months Days   Hours Min.
F WHITE MARRIE		58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	
WILLIAM SCHILLINGER.	24	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOC	CIAL TO INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SEC	PATIENT	ABOVE
		INTERVAL BETWEEN
18. 5 72.1	CAUSE OF DEATH	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	00 K	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	) Shock	8 900
injury or complication which caused death.) DUE	To 1 Hapatic recrosis	
ANTECEDENT CAUSES	acute paneracuits	
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	3)	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE	то	
UNDERLYING CONDITION LAST.		
<u></u>	.)	
OTHER SIGNIFICANT CONDITIONS CON-		THE STATE OF THE S
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDING		20. AUTOPSYT
J 11 MAY 1951 DIVERTIC		
21a. ACCIDENT, SUICIDE, 21a. PLACE OF IN about home, farm, factory,		(If in Baltimore City, give exact location)
Z 1D. TIME (Month) (Day) (Year) (Hour)   21E. INJU	JRY OCCURRED 21F. HOW DID INJUR	RY OCCUR?
OF INJURY WHILE AT	NOT WHILE	
22. I hereby certify that I attended the deceased	AT WORK	13 MAY 1057 that I last any th
deceased alive on 12 MAY, 19.2%, and that		
23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
IN. Wash	M.D. HOSPITAL FOR K	10 MEN OF MD. 12 MAYS'
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAM		LOCATION (City, town, or county) (State)
	enmount Crematory Ba	lto. Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	Appress
LOCAL REGISTRAR	M. J. Irm. 45/	in lones & Sans
41331 41331	1000	1 st sale
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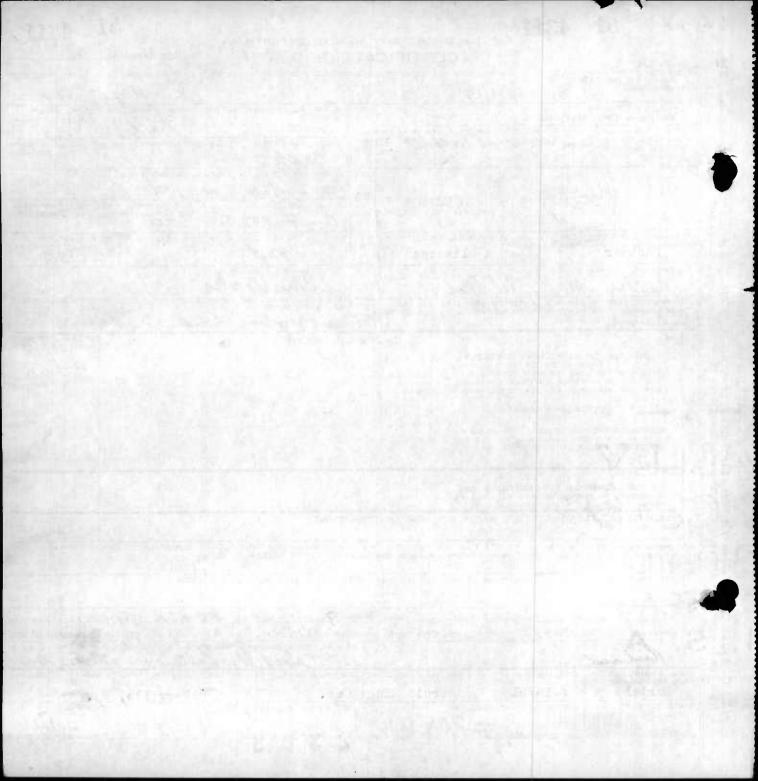
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MARGIN

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE Willis OF Sloan DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. CQUNTY before admission) (If not in hospital or institution, give street address or ma Union memorial location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In years | H Under | Year | H Under 24 Hours | Inst birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 30 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Appliances 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL ADDRESS SECURITY NO. Unknown Lame 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., ia or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from_ 1951, to_ 12, 195/, that I last saw the deceased alive on 12, 1951, and that death occurred at 4115 Am., from the causes and on the date stated above. 23A. SIGNATURE Kirland 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Burial Druid Ridge Cem. Pikesville, Md. DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAB



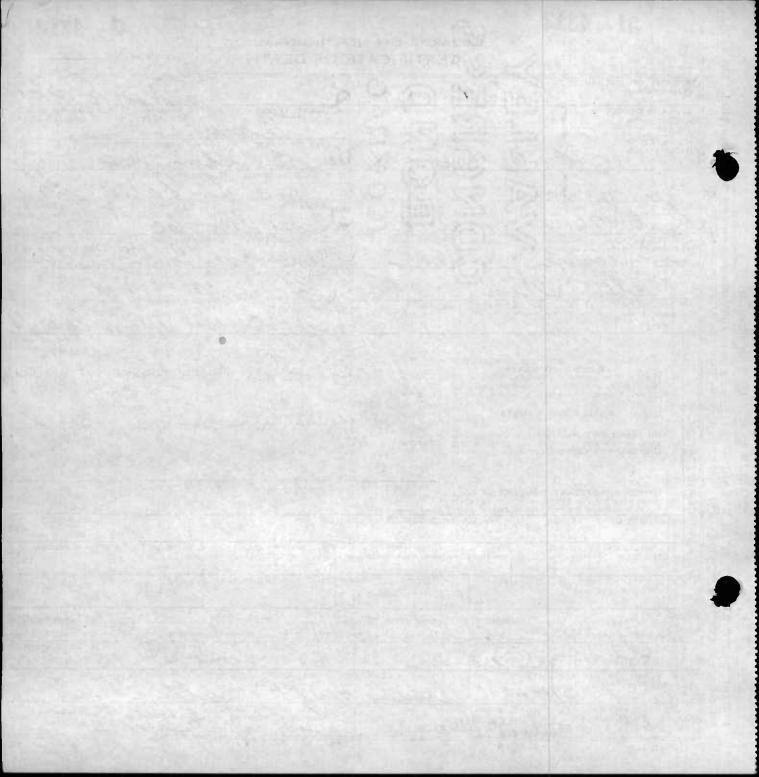
## BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	R	egis	tered	No.
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1	BIRTH NO.	CERTIFICATE OF	DEATH	Registered No.
	. NAME OF DECEASED			
	Type or Print)	Brown	/	OF OF
-	morris	/ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		DEATY MAIS 10, 1901
	Baltimore City, Maryland	4. US		re deccased lived. A institution residence before admission)
	. FULL NAME OF (If not in hospital or institut		MALI	(1) - Destrict admission)
1 1	IOSPITAL OR	Innadian)	Y OR TOWN (If out	side corporate limits, write RURAL and give
	NSTITUTION 101/2 7.	. 1011 .//	28 . 140	township)
14	1775 10. 0	second ser		more 15-01
		Yrs. D. STI	REET ADDRESS (If part	al, give location)
	Length of stay in Baltimore	Days	1743 1.	Carley SI.
	6. COLOR OR RACE 7. SINGL	E. MARRIED. 8. DA	OF BIRTH 9	AGE (in years   Made   1 feat   If Under 24 Hours   last birthday) Worths: Days   Hours   Min.
	emall olives The	assel of the	11-12/ 1885	last birthday) Worths Days Hours Min.
1	OA. USUAL OCCUPATION (Give kind of 10B. KIND	OF BUSINESS OF 11. BO	THPLACE (State or foreign	gn country)   12. CITIZEN OF
ME	rk done thing most of working life, even if retired)	INDUSTRY		MHAT GOUNTRY?
	Housewell,	Jone Ju	enenous	(co, 0-1000
	3. FATHER BNAME	14. M	OTHER'S MAIDEN NAME	-/ > <
	Teller Menn		Stablest	+ 5 5
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	I6. SOCIAL 717 IN	FORMANT	
(7	cs, no (If yes, give war or dates of service)	SECURITY NO.	Will Re	ADDRESS
	100.	M.	11- Nrow	0 1743 N. Carly M.
	18. 331X .	CAUSE OF DI	EATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1	031	ONSET WIND BEATH
	LEADING TO DEATH	Conely	raldenie	nriege Bolow
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease			
	injury or complication which caused death	.) DUE TO		
	ANTECEDENT CAUSES		A-01	
Z	024,000	(B)	elensio	n 34ch
C	DISEASES OR CONDITIONS, IF ANY, GIVIN			
A	UNDERLYING CONDITION LAST.	15 005 10		
RTIF	n	(C)		
, IT	TRIBUTING TO THE DEATH, BUT NOT RELAT. TO THE DISEASE OR CONDITION CAUSING		***************************************	
		FINDINGS OF OPERATION		20. AUTOPSY?
I				YES NO P
DICA	21A. ACCIDENT, SUICIDE, 21B. PLA	CE OF INJURY (e. g., in or   21	c. WHERE DID (If in	n Baltimore City, give exact location)
	HOMICIDE (Specify) about home,		JURY OCCUR?	
2				
	OF INJURY		F. HOW DID INJURY O	CCUR7
	m.	WORK NOT WHILE		
	22. I hereby certify that I attended the	descend from 4-27	- 105/105-1	10, 195   that I last saw the
4	deceased alive on 376 - 195/	deeeased from 4 1 2 1 and that death occurred at 23B. AD	1450	
	23A. SIGNATURE	23B. AD	DDESS	causes and on the date stated above.
	ZSA. SIGNATURE	1000	M. M.	23c. DATE SIGNED
	AA BUBIAL CREMAL SAN DATE	M. D. 1 0 10	25-14-100-100-100-100-100-100-100-100-100-	727   0 18 0 77
1	4A. BURIAL, CREMA- 24B. DATE	24c NAME OF CEMETERY OR C	REMATORY 24b. LOCA	ATION (City, town, or county) (State)
K	Jurial 0/14/1951	Chautus Men	1. FAC. 13a	la. Co. Md.
I	ATE RECEIVED BY REGISTRAR'S SIGNATU	RE 25. EL	MERAN PIRECTOR	Francis - ODD Stone
M	AYAL REGISTRAR I HOW TO WAR	Linus M. M. W.	accana,	1 Nielo
=	AMANU SHEET FOR	40	o / w / sure	the wife
	VS 150	A Campana		220
11				8 Ja

Every item of information should be call write the causes of death clearly and legible MARGIN RESERVED FOR BINDING Y, WITH UNFADING INK. PLEASE WRITE PL

y supplied. The



VS 150

MARGIN RESERVED FOR BINDING

1		51 4313	BALTIMORE CITY H	EALTH DEPARTMENT		51	4313
he /	BI	RTH NO.		E OF DEATH	Registered	No.	
led. The	1. (T	NAME OF DECEASED  ype or Print)  MARCARET  PLACE OF DEATH TO A PROPERTY OF THE PROPERTY OF T	M. MePHERSON	4. USUAL RESIDENCE (V	2. DATE OF MA	412,19	5-/
y supplied.	B. HC	FULL NAME OF (If not in hospite OSPITAL OR	al or institution, give street address or location)	A. STATE Maryland	B. COUNTY	bef	ore admission)
	IN .	404 Cedarcroft	Road Yrs.	Baltimore D. STREET ADDRESS (If	27- rural, give location)	12	township
e ca	-	Length of stay in Baltimore	Mos. Days 7. SINGLE. MARRIED.	404 Cedare		la fluid a t bass	1 4 11 4 - 04 16
should be		Female White	WIDOWED, DIVORCED (Specify) W1dow	May 28.1880	9. AGE (In years last birthday) 70	li Under I Year Months: Days	Hours Min.
on shou	work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Housewife	108. KIND OF BUSINESS OR INDUSTRY  At home	Baltimore.M	d.	12, CITIZ WHA	EN OF T COUNTRY
IG rmati leath	13	Thomas Marshall		Mary Daley			
BINDING of information uses of death cle	(Ye	5. WAS DECEASED EVER IN U. S. ARMEE s, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr Samuel A.		ADDRESS	1-4-1-
ESERVED FOR BI INK. Every item of lease write the cause	FICATION	DISEASE OR CONDITION  LEADING TO DEAT  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which c  ANTECEDENT CAUS  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	DIRECTLY I'H f dying, e. g., ns the disease, aused death.) DUE TO  ES  (B)  ANY, GIVING STATING THE DUE TO	OF DEATH elycl Carens		INTER	Lusury
MARGIN R UNFADING Physicians: p	CERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED CAUSING IT.				
Y, WITH 1	MEDICAL	21a. ACCIDENT WAS UNDERLYING OF DEATH	98. MAJOR FINDINGS OF OPER  Buffly - Caulus  218 PLACE OF INJURY (e. g., i about home, farm, factory, etreet, office bldg.,	in or   ZIC. WHERE DID (	If in Baltimore City	YES	NO Postion)
9	~	21D. TIME (Month) (Day) (Year) OF INJURY	m. WHILE AT NOT WHILE				
WRITE PI		22. I hereby certify that I att deceased alive on 100/0	, 195, and that death occur	ried at 1.554 m., from t		the date s	last saw the tated above ATE SIGNED
ASE WR		Factor 5 3	24c, NAME OF PEMERE	47 Forhur Ro	Ralis / Decarion (City, Low	May n, or county	
PLEASE COLLECT AS	D	ATE RECEIVED BY REGISTRARY DCAL REGISTRARY	S SIGNATURE	25 FUNERAL DIRECTOR	121157	ADDRES	5

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supplied.

# BALTIMORE CITY HEALTH DEPARTMENT

51 1241

BIRTH NO.			CERTIFICAT	E OF DEATH	-	Registe	red No	4.7	£ 9J
1. NAME OF E (Type or Print)		MER	MUNDY			DATE OF DEATH	May 10	0, 19	51
A. Baltimore	City, Maryland			4. USUAL RESIDER		deceased liv			esidence admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit  Mercy Hos		n, give street address or location)	C. CITY OR TOWN		de corporat	e limits, wri	ite RUR	AL and giv township
7/			Yrs. Mos.	D. STREET ADDRES	SS (If rural			a Bi	11
c. Length of s	stay in Baltimore	11 C10161 C	Days	B. DATE OF BIRTH	W. Mulb	erry S		-	Under 24 Hours
Male	White	7. SINGLE, WIDOWE Divo	D, DIVORCED (Specify			last birthda;			
10A. USUAL OC Work done during most House P	CCUPATION (Give kind of of working life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (St		country)		CITIZE	N OF COUNTRY
13. FATHER'S			مريم د	14. MOTHER'S MAI					
John A.		5000501		Sallie Ru	ish				
(Yes, no or unknown)	SED EVER IN U.S. ARMEI (If yes, give war or dute	of service)	16. SOCIAL SECURITY NO. 234-07-3492	Mrs Pearl	Leight,	Huntin	gton, l		
DISEASE OF UNDERL	es not mean the mode oure, asthenia, etc. It mes or complication which of antecedent CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A). YING CONDITION LA	ins the disease caused death.  SES  F ANY, GIVING STATING THE STAT	(B)	nary occlusio					
11	OF OPERATION   1		FINDINGS OF OPER	RATION				20. AL	TOPSY?
A	0							YES	No X
UNDERLYIN	NAL CAUSE WAS NG [] OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., rm,factory,street,office bldg.,			Baltimore	City, give «	exact loc	ation)
	(Month) (Day) (Year)	WI	1E. INJURY OCCURR		INJURY OC	CUR?			
the ev	ify that I took char vidence obtained by eath in my opinion	ge of the r	cmains described of sy, Inspection or om: natural cause	Inquiry, find that	utopsy, Inspessed decease uicide , DICAL EXANDICAL EXAND	ction or Inseed died of homicide	quiry on the do	termine	ed above
24A. BURIAL. TION, REMOVAL (			C. NAME OF CEMETE	RY OR CREMATORY		FION (City,	town, or co	unty)	(State)
Burial DATE BECEIVE	5/14.	CELCHATUE	St. Marys.	Hampden 2004 UNERAL DIRE		imore.		oress cul	8
V S 151			5642	4			94	la	J

PLEASE WRITE P I.Y, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

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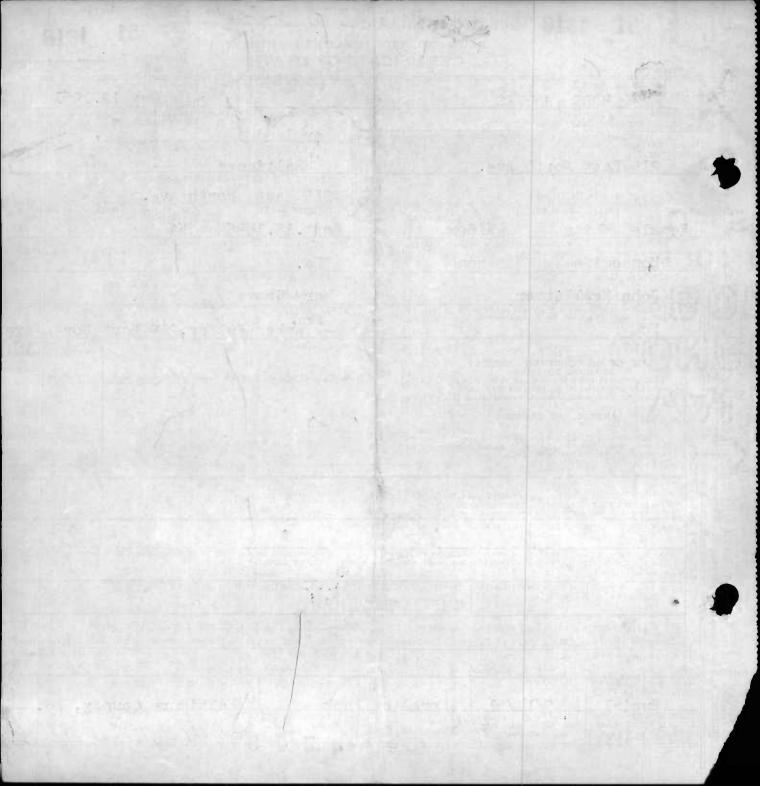
BALTIMORE CITY HEALTH DEPARTMENT

51 4316

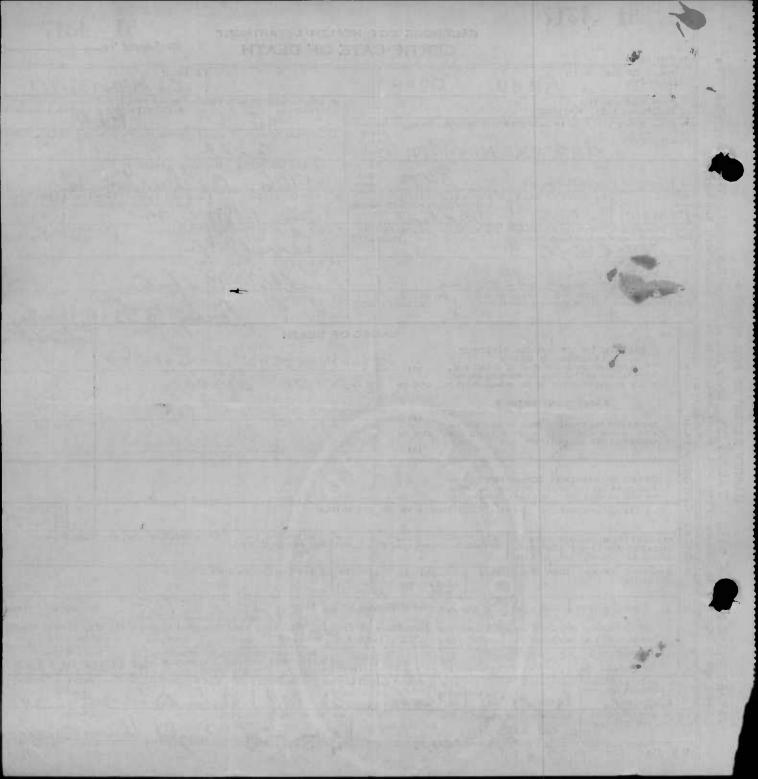
	7 2 0			CERTIFICAT	F OF DEAT	H Registered	l No
BI	RTH NO.			OLKIII IOAI	L OI DE/(II		
	NAME OF D	ECEASED				2. DATE	
		HOPE BOW	ES		9 11 5 6 14 7 4 1	DEATH MAY	12.1951
Α.		City, Maryland			A. STATE	ENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institut	ion, give street address or location)	Maryland		nits, write RURAL and give
IN	STITUTION					12	township)
0	0 219	East North	Ave.		Balti		00
				Yrs. Mos.	D. STREET ADDRE	SS (If rural, give location)	
		tay in Baltimore		Days	219 East		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday)	Months: Days   Hours Min.
	Pemale	White	Wide		Sept.15.1		
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	IOB. KIND	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
WOI	House	ewife	At hor	INDUSTRY	Pa.		WHAT COUNTRY
13	. FATHER'S		11.0 1101		14. MOTHER'S MA	IDEN NAME	
		McAllister			Mary Gro		
15	. WAS DECEASI	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	No	(11 yee, give wat of day	on or service)	SECURITY NO.	Mr Amber	Fuller, 219 E	Cast North Av
	18.	2. 1		CALISE	OF DEATH		INTERVAL BETWEEN
	4	SE OR CONDITION	DIBECTIV	1	OI BEATTI		ONSET AND DEATH
		LEADING TO DEA	TH	la	-1:11/	scular dries	.0 14.
	(This does heart failu	not mean the mode arc, asthenia, etc. It me	of dying, e. g ans the diseas	e. (A)	raco oxu		
7	injury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAU	SES				
z				(B)			
9		S OR CONDITIONS, I					
A	UNDERLY	YING CONDITION L	AST.	(C)			
01:				(0)			***************************************
RTIFICATION		11					
ER		SIGNIFICANT COND					
CE	TO THE D	ISEASE OR CONDITION	CAUSING I	т			
J	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
A					Section 1		YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home,	ACE OF INJURY (e.g., farm, factory, street, office bldg.,	etc.) 21C. WHERE D		7, give exact location)
Σ	21p. TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY	(, (, (		WHILE AT NOT WHILE			
			m.	WORK AT WORK		· · · · · · · · · · · · · · · · · · ·	
	22. I hereb	y certify that I at	tended the	deceased from	w. 10, 1951	, to May 12 , 19	I, that I last saw the
	deccased a	live on may	. 19,57.	and that death occu	rred at 7 30 m.	, from the causes and on	the date stated above
	23A. SIGNA	TURE	7:1		23B. ADDRESS	hallst	23c. DATE SIGNED 5/12/5/
2.	4A. BURIAL,	CREMA- 24B. DATE	resu	M. D.   24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tov	
TI	ON, REMOVAL (S	7 / 171	153	Monolond	Comir	Dollain	
D	ATE RECEIVE		SSIGNATI	Moreland_	25. FUNERAL DE	Baltimore C	DUNTY Md.
	CAL REGIST	RAR	di John	William H as	NA /	Y. I was a constant	(2) 1 to

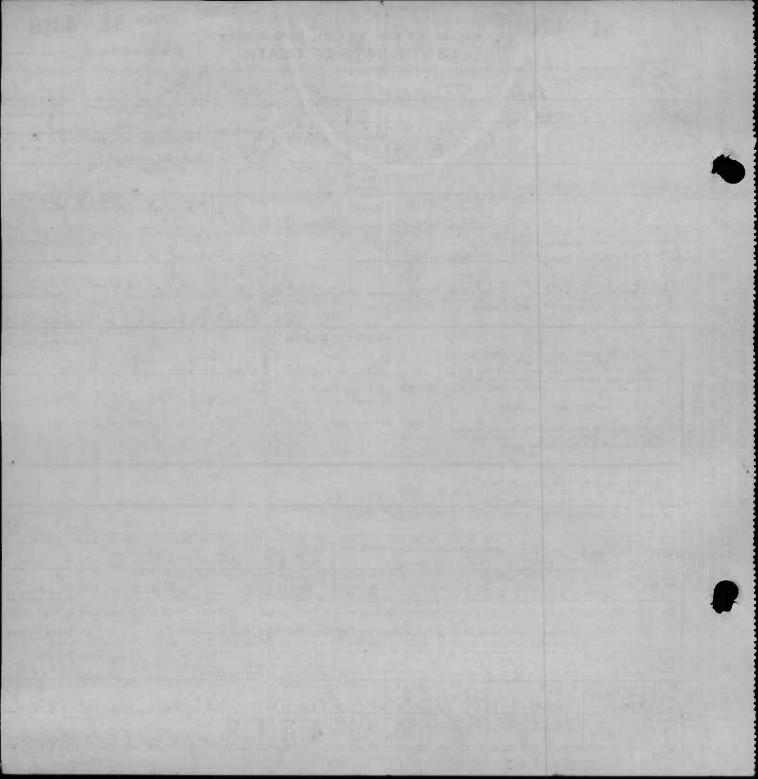
VS 150

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13-	6	00 51 4317				
	00		BALTIMORE CITY HE			4317
0	В	IRTH NO.	CERTIFICATE	OF DEATH	Registered No.	
. The		NAME OF DECEASED AUNG	Barr		2. DATE OF MOU	13,19.51
supplied.		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh		tution: residence
ddn	B.		stitution, give street address or location)	ma	TO S	u
7	IN	stitution Lutheran H	ospital (DOA)	Ball	utside corporate limits, wr	township)
	0	Length of stay in Baltimore	30m Mos.	D. STREET ADDRESS (If ru	ral, give location)	O.
e ca	1	SEX / 6.COLOR OR RACE   7. SI	Days   NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	
and P	-	emole white	Widdward	Jel- 1-1873	77	
on should be	work	A. USUAL OCCUPATION (Give kind of log. k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12.	CITIZEN OF WHAT COUNTRY?
ion h ele	13	. FATHER S NAME		14. MOTHER'S MAIDEN NAM	ME	
VG rmati death	1.00	Morlines Nor	seg	Salli G	abster	
DIO of of	(Ye	(If yee, give war or dates of servi	ES?   16. SOCIAL SECURITY NO.	17. INFORMANT	3333	1 Pharle
BIN of i		18. 477.1	CAUSE	OF DEATH	/	INTERPAL BETTEN
FOR item		DISEASE OR CONDITION DIRECT	4-401	-ioscherotic	Cardio-	
100		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	diamen (75)	scular Dis	**************************************	
Ever Write		ANTECEDENT CAUSES				
RESERVED INK. Ever please write	Z	DISEASES OR CONDITIONS, IF ANY,			***************************************	***********************************
	\TIO	RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST.	NG THE DUE TO			
RGIN ADING icians:	JC/	II .	(0)		•••••••••••••••••••••••••••••••••••••••	
MARGIN UNFADING Physicians:	RTII	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	ELATED			
Phy	CE	19a. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
WITH tant.	AL	21a. EXTERNAL CAUSE WAS 218	. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If	in Baltimore City, give	YES NO Exact location)
LY, WITH	EDIC		home, farm, factory, street, office bldg., et			
LY, imp	ME	21D. TIME (Month) (Day) (Year) (Hour, OF INJURY	21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
A Sur		22. I certify that I took charge of	the memains described a	hove held an LUSD	ection, "	icreon and from
P. P.		the evidence obtained by said		Autopsy, In	spection or Inquiry	
WRITE ge is esp		and death in my opinion result	ted from: natural causes	, accident , suicide 23B. CHIEF MEDICAL EX	], homicide $\square$ , unde	termined .
E WI		Wen. H. Kamm	TVI.	D. MEDICAL INVESTIGATOR	R	414,1956
ASE set z		AA. BURIAL, CREMA- 248 DATE DN. REMOVAL (Specify)	240. NAME OF CEMETER	RY OR CREMATORY 24D. LOG	CATION (City, town, or co	ounty) (State)
PLEASE correct ag	P	ATE RECEIVED BY REGISTRAR'S SIGN	NATURE	45. FUNERAL DIRECTOR	AD AD	DRESS
	1	OCAL REGISTRAR	Him on .	symond & W	wisht Uno	n Budger
	V	S 151	~ 700	4 40 0 4	93	) Ina





PLEASE

INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 22. I hereby certify that I attended the deceased from V-4-1 ,  $19\sqrt{t}$ , to  $\sqrt{-10}$ ,  $19\sqrt{t}$  that I last saw the 195'. and that death occurred at 10 45m., from the causes and on the date stated above. deceased alive on J. Co 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-ADDRESS VS 150

Was there any indication in deceased's climical Mistory

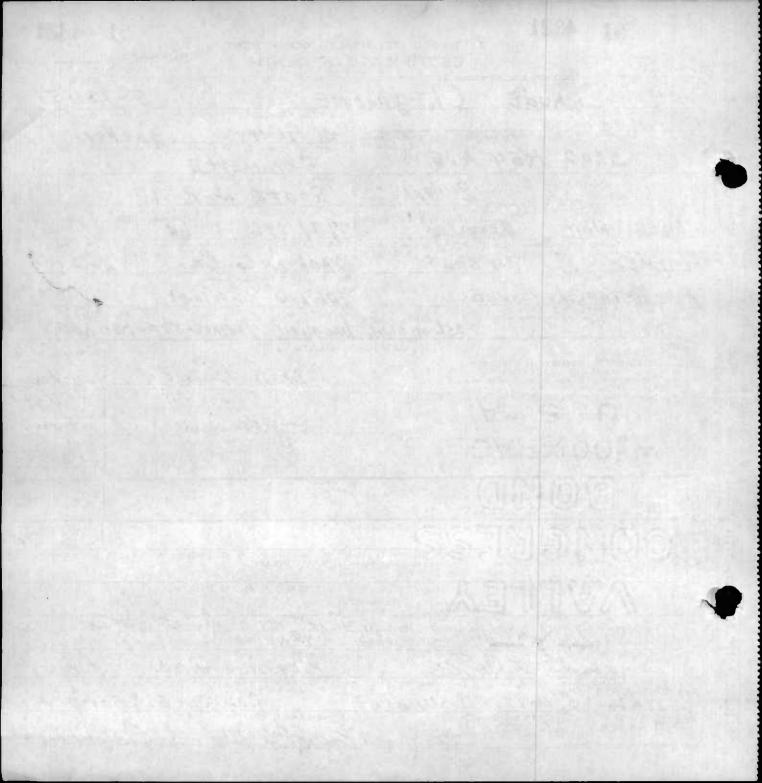
" Primary site probably G I tract"

descended climical history See Document File 51-4319 for very of the proteste promoner set of malegnant 5/25/51

ales, of provider, may we have a more definite anatomical location of the malignancy as it was at the time of decease, please?

Elia Mille Product Starfellment V Comment 1105 20000 51 51 5/2/192 51 5 Y B / Blocks & feeled warm 2011 bond grant assess Caronal a forgraph The state of the s The second second second in 1.7 es held i depi LE JUST EL MAN CO "ALL TIL Burne State of Talk and then it is to the first will a Protect of

		HEALTH DEPARTMENT  TE OF DEATH  Registered No				
4	NAME OF DECEASED	2. DATE				
(7	PLACE OF DEATH:  PLACE OF DEATH:	TNE   OF   5-13-51				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. H	FULL NAME OF (If not in hospital or institution, give street address location					
	ISTITUTION 5802 KEY AUE	COMMERCE V- township)				
1	Length of stay in Baltimore 8 WFFKs Mos Day	Route 4-R.7.D				
arly and	MALE White Time To Specific Sp	7/9/1886 64				
0 1	A. USUAL OCCUPATION (Glvekindof 10B. KIND OF BUSINESS OR INDUSTRESS OR I	TACKSON Co. 9a. H.S. A.				
of death cl	Chn UESLEY CLEANORNE	90Liana Sailors				
o (Ye	was deceased ever in u. s. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS				
causes	18. 33/X CAUSE					
the car	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carl & Manual of 194				
write	(This does not mean the mode of dying, e.g., (A)	Swan I and a state of the state				
	ANTECEDENT CAUSES	V/s made.				
please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	officerson 10 gro.				
S: D	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
Physicians: 1	II					
hysi	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
1 1 1	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?				
mportant.	21a. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (6. g.	In or 21c. WHERE DID (If in Baltimore City, give exact location)				
nport	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	INJURY OCCUR?				
MI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY					
4	m. WHILE AT NOT WHILE AT WORK					
especie	22. I hereby certify that I attended the deceased from Athe, 15 1951, to 1951, to 1951, that I last saw the deceased alive on May 12th, 1951, and that death occurred at 4.5 12th, from the causes and on the date stated above.					
N N	23A. SIGNATURE	238. ADDRESS 23c. DATE SIGNED				
Q0 11	A. BURAL, CREMA. 24B. DATE 24C. NAME OF CEMET	PIKESVILLE - P. Md. 5/13/51 ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
prrect a	SUMAL Specify) 5/16/51 COMMERC					
correct	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
=		Tranch Mintel Ocherolle, and				
	VS 150	8.3a				



VS 150

4322 Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) LCOM (If outside corporate limits, write RURAL and give

Il Under 1 Year

12. CITIZEN OF

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS

1951, that I last saw the

ADDRESS

23c, DATE SIGNED

Do NOT copy -- For Statistical Purposes ONTY!

When the findings are a colored,

ining we be advised regarding

the histological type of turnor please?

See Document File 51-4322 5/28/51 ES

Anatomical Diagnosis:

Acute splenic tumor.

"Craniopharyngioma. Hopopituitarism (?): underdeveloped reproductive organs, genitalia, breasts obesity: sparse body hair: persistent thymus.

Right frontal craniotomy wound: laceration of cerebral cortex and extensive hemorrhage over base of the brain. Aspiration pneumonia.

MARGIN RESERVED FOR BINDING

BIRTH NO.			CERTIFICAT			No			
	DECEASED Vacle	av Prec	hazka		2. DATE OF DEATH				
A. Baltimor	3. PLACE OF DEATH: A. Baltimore City, Maryland Balte., Md.  B. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admiss				
HOSPITAL C	R	s Hespi	tal		(If outside corporate lim	its, write RURAL and give township)			
c. Length o	f stay in Baltimore	45 ye	Yrs.	81 7 N V	ESS (If rural, give location) enwood Ave.				
5. SEX	6.COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify ried	8. DATE OF BIRTI	9. AGE (in years last birthday) 77 yrs.	H Under 1 Year H Under 24 Hours Conths Days Hours Min.			
retired	OCCUPATION (Give kind of cost of working life, even if retired) <b>GROCET</b>		of BUSINESS OR INDUSTR' business		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER	Vaclav Proch	azka			14. MOTHER'S MAIDEN NAME  ? Marie Pocerova				
15. WAS DECE (Yee, no or unknown	ASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS N. Kenwood Ave			
Z DISEA:	Joes not mean the mode of ailure, asthenia, etc. It mea or complication which complication which complication which complication which complication complication complication compliments of the ABOVE CAUSE (A) RLYING CONDITION LA	ns the diseas aused death SES FANY, GIVIN STATING TH ST.	(a) DUE TO COR	cardial Infa					
U TO THE	ING TO THE DEATH, BUT	NOT RELATE	D	RATION		20. AUTOPSY?			
5/7 21A. ACC LYING	CIDENT WAS UNDER- OR CONTRIBUTING	Diabet	ACE OF INJURY (e. g., farm, factory, street, office bldg.	Left foot in or   21c. WHERE D		YES X NO			
21D. TIME OF INJUE	E (Month) (Day) (Year) RY		2 IE. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?				
			and that death occu	7/2/51, 19 arred at 12:20m, 23B. ADDRESS	to 5/12/51, 19 Nom the eauses and on the	, that I last saw the the date stated above.			
24A. BURIAL TION, REMOVAL Burial	CREMA- L (Specify) 24B, DATE		M.D. 24c. NAME OF CEMET		24D. LOCATION (City, town	5/12/51 n, or county) (State)			
DATE RECEI LOCAL REGI	VED BY   REGISTRAR			Schimunek	Horner's Lane, B   Funeral Home, Inc   Madison St.	ADDRESS			
VS 150			4/40	43		61			

ANY CONTRACT SALES	
Mark War Cal Intrace	
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EN THE PARTY OF TH	at the state of the

MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT

-	IRTH NO.		C	ERIII	FICATI	E OF DEAT	Н	Registered	1 110.	
. 17	I. NAME OF DECEASED (Type or Print)  JENNIE M. STOKES  3. PLACE OF DEATH: A. Baltimore City, Maryland 819 N. Montford Ave.  8. FULL NAME OF (If not in hospital or institution, give street address or					PROBLE		OF MAY		
A.						4. USUAL RESIDENCE (Where deceased lived, If institution; residence a, STATE B. COUNTY before admission)				
n n	OSPITAL OR NSTITUTION			, , , , , , , , , , , , , , , , , , , ,	location)	C. CITY OR TOWN		ontside corporate lir	mits, write RI	JRAL and give township
legib.		stay in Baltimore		life	Yrs. Mos. Days	D. STREET ADDR		N. Montford		
Č	female	6.COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED D, DIVORC dowed	ED (Specify)	July 22, 18		9. AGE (In years last birthday)	If Under I Year Months Days	Hours: Min.
[5]	rk doos duriog most hot	CCUPATION (Give kind of of working life, even if retired)  186416	at home		ESS OR INDUSTRY	Baltimo	re, Md			ZEN OF T COUNTRY!
13	13. FATHER'S NAME  Isaac Holland				14. MOTHER'S MAIDEN NAME  Laura Roten					
IO (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT ADDRESS  Edith Stokes, daughter, above					
he causes	1 7 3 1				OF DEATH			INTER	T AND DEATH	
write the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)  DUE TO							••••••••••••••••••••••••••••••		3 yrs
please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  LIVEY VIETATION  OUTPUS CLUSTIC CAUSE  OUTPUS CLUSTIC CAUSE								6 veo.	
Fhysicians: CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON-				Homy	ميرال	ase	K	748	
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							20. YES	AUTOPSY?	
MEDICAL	21A. ACCIDENT WAS UNDER:  21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?									
S E	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK NOT WHILE AT WORK									
pecia	22. I hereby certify that I attended the deceased from Oct., 1947to kee G, 1951, that I last saw the									
ge is esp								ATE SIGNED		
8 Z	24a. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify) Burial  24b. DATE  14c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Sta 3310 Taylor Ave., Balto.Md.									
1 D	ATE RECEIVE	D BY   REGISTRAR'	S SIGNATUR		4.納 つ	25. FUNERAL DIF	RECTOR Funera	l Home. In	ADDRE	

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	BALTIMORE CITY HEALTH DEPARTMENT 5.1 4  CERTIFICATE OF DEATH Registered No.	325
of death clearly and legibly.	B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR INSTITUTION  NIVERS IT HOSP  Yrs.  C. Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  T. SINGLE, MARKIED.  WIDOWED, DIVORCED (Specify)  WIDOWED, DIVORCED (Specify)  TOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HODSEWISE  13. FATHER'S NAME  Charles  T. SINGLE, MARKIED.  WIDOWED, DIVORCED (Specify)  WIDOWED, DIVORCED (Specify)  L. A. Tuin  14. MOTHER'S MAIDEN NAME  Charles  To Wash Deceased Ever In U. S. ARMED FORCES?  To Work DO OR THE NAME  Charles  To Wash Deceased Ever In U. S. ARMED FORCES?  To Work DO OR THE NAME  To Wash Deceased Ever In U. S. ARMED FORCES?  To Work DO OR THE NAME  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Deceased Ever In U. S. ARMED FORCES?  To Wash Dec	RURAL and give township)  Bursh H Under 24 Hours ays Hours Min.  TIZEN OF HAT COUNTRY?
sicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO  UNIDERLY VING CONDITION LAST.	FERVAL BETWEEN SET AND DEATH Faw Minuter

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

198. MAJOR FINDINGS OF CPERATION 19A. DATE OF OPERATION MORTUM

21A. ACCIDENT WAS UNDER

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about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E, INJURY OCCURRED

218. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

, 1951/to

SECTION

WHILE AT NOT WHILE

1951, and that death occurred at deceased alive on

24B. DATE

238. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

23C. DATE, SIGNED

20. AUTOPSY?

NO

BURIAL, TION, REMOVAL (Specify) DATE RECEIVED BY

22. I hereby certify that I attended the deceased from

25. FUNERAL

CEASARIAN

21c. WHERE DID

INJURY OCCUR?

1951, that I last saw the

(If in Baltimore City, give exact location)

m., from the causes and on the date stated above.

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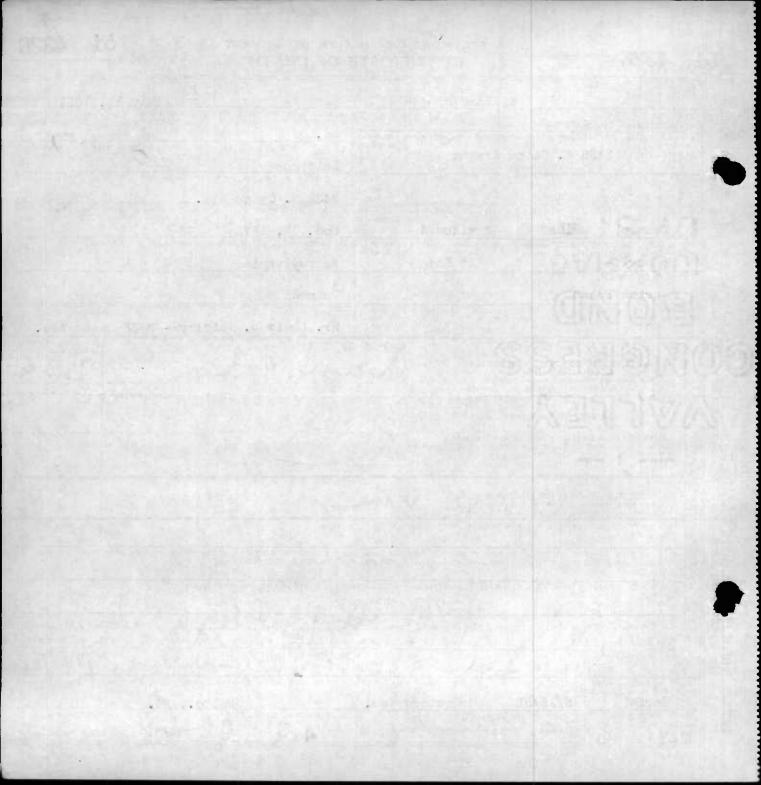
Dr. Davis, Maternal Hygiene, BCHD conveyed findings of the Committee on Maternal Hygiene in this case:

Classification code: 795.5 #Other unknown and unspecified cause of death"
Unknown after complete pathological study—postmortem sect on at term
10/1/51 ES

Birth - 51-10640 - 5/11/51.

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5 L	4326 CERTIFICAT	E OF DEATH  Registered No. 14326				
1. (T	NAME OF DECEASED  ype or Print)  ELIZABETH GAIGLEY	2. DATE OF DEATH May 11, 1951				
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If insultation: residence A. STATE B. COUNTY before admission) Md •				
H	ospital or ospital or institution, give street address or ospital or institution.					
c. s	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)  3438 W. Caton Ave.				
	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  female white widowed	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year In Under 24 Hours Min. Dec. 12, 1872 78				
To wor	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Housewife  At Home	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
	B. FATHER'S NAME Patrick Hoban	14. MOTHER'S MAIDEN NAME Unknown				
1 15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Louis H. Gaigley - 3438 Caton Ave.				
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	man 1 Colm Direct				
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISCASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?				
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age is especia	Veyl Lahled M.D.	m., from the cuses and on the date stated above				
ect	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify) 2/15/51 Western Cem.  DATE RECEIVED BY REGISTRAR'S SIGNATURE	Balto. Md. ADDRESS / ADDRESS /				
cor	MAY 1 41951	Svan 3 Valener & Sans - Salto				
	VS 150	46E 11111.				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED Emma Wolford. 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RUMIL and give INSTITUTION more (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE 9. AGE (In years) AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months; Days | Hours: Min. 1885 widow 65 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work duneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSE WI 13. FATHER'S NAME Eziakioi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 1025 18. AUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 195 that I last saw the 22. I hereby certify that I attended the deceased from_ . 19.5 to 19.5 and that death occurred at deceased alive on 2-/ m., from the causes and on the date stated above. 23A. SIGNATURA 23B. ADDRESS 23c. DATE SIGNED **ムー/3ーノ** 24A. BURIAL, CREMA-24c. NAME LOGATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR FUNERAL ADDRESS 3 VS 150

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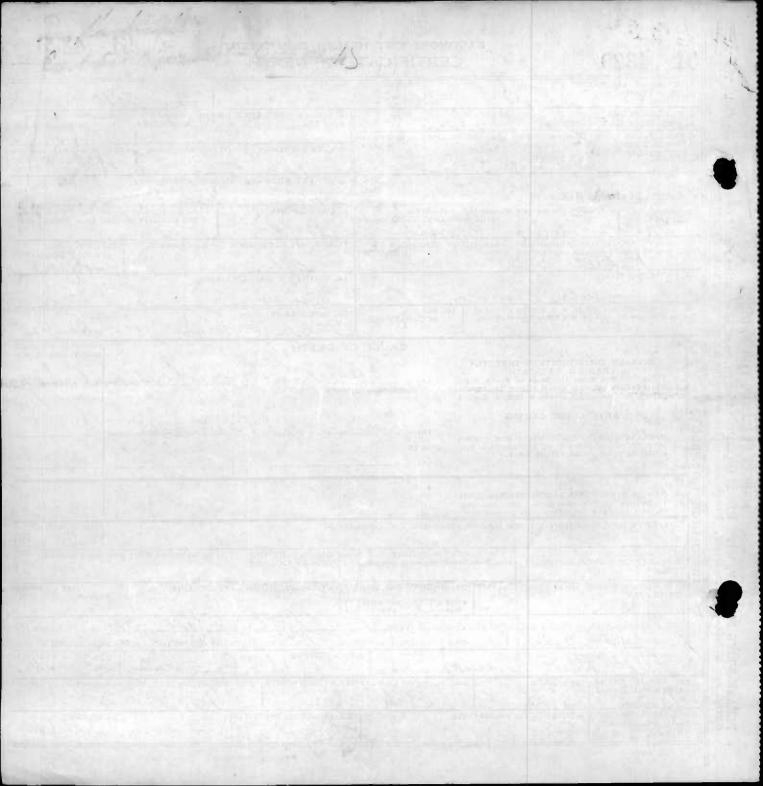
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BIRTH NO.						
1. NAME OF D					2. DATE OF	
		Sadie G	ebhardt		DEATH	5-12-51
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B.C. COUNTY before admission		
B. FULL NAME HOSPITAL OR INSTITUTION			tion, give street address or location)	c. CITY OR TOWN	., Md .	inde write WRAI and give
	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRE	ss (If rural, give location entury Avenue	)
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year II Under 24 Hours Min.
10A. USUAL Oc ork done during most	CCUPATION (Give kind of working life, even if retired Housewife	10B. KINE	O OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S		1		14. MOTHER'S MA		USA
	2	2				
15. WAS DECEAS	ED EVER IN U. S. ARME	D FORCEC:	LIC COCIAL	7	7	
Yes, ao or unknown)	(If yes, give war or dat	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Anna Prelle	r 4114 Centur	y Avenue
(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L	TH of dying, e. p ans the diseas caused death SES IF ANY, GIVIN	DUE TO	uterni Osrone terioscle	Cardis vosuls	1 hi
III TRIBUTING	II SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED .			
19A. DATE O	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA			ATION		YES NO
					y, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE						
22 7 1 1	m.   WORK   AT WORK					
	22. I hereby certify that I attended the deceased from 10-18, 1948, to 5-12, 1957, that I last saw the					
	deceased alive on 5-11, 1951, and that death occurred at 8:40 m., from the causes and on the date stated about 23A SIGNATURE   23B. ADDRESS   23C. DATE SIGNE					
12	rank A. E	mylin	M.D.	57/3	Below hd	574-51
24A. BURIAL, TION, REMOVAL (S Buria	Specify) aln  248. DATE 5-n	15-51	Oak Lawn	HY OR CHEMATORY	Baltimore	Md. (State)
DATE RECEIVE LOCAL REGIST		'S SIGNATI	JRE	25. FUNERAL DIR	SCTOR	ADDRESS
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VC 150						A 1

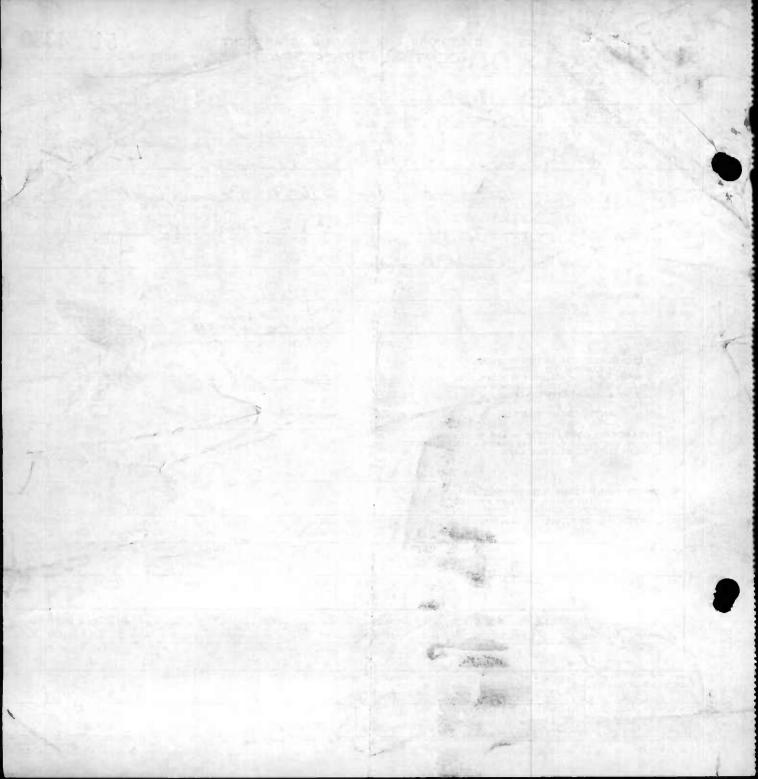
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ed. T	1. NAME OF DECEASED (Type or Print)	7. Herman		2. DATE OF DEATH 5-1/	1-51
Every item of information should be converged by supplied, write the causes of death clearly and legi-	c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SI  M. W	Salto - astitution, give street address or location)  Sast Ore - Yrs. Mos. Days INGLE, MARRIED, IDOWED, DIVORCED (Specify)  MANUA KIND OF BUSINESS OR INDUSTRY  GES? I6. SOCIAL SECURITY NO.  CAUSE CTLY g. e. g., disease, (A)	Balto -	DEATH There deceased lived. If institute as COUNTY outside corporate lives, wr fural, give location)  9. AGE (In years last birthday) Institute and last birthday) Months reign country)  ADDR	heffeeldmission) ite RURAL and give township;  I Year Under 24 Hous Days Hours Min.
UNFADING INK. F Physicians: please w	ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS	NG THE DUE TO (C)	ersezi ar	trolina	
UNI	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS  19A. DATE OF OPERATION 19B. MA	ING IT.	ATION		
WITH rtant.	N N N N N N N N N N N N N N N N N N N				YES NO
Y, WITE mportant.	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING bout CAUSE OF DEATH	B. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e	21c. WHERE DID (I	f in Baltimore City, give of	exact location)
8	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCCURRED NOT WHILE MORK AT WORK		OCCUR?	
PLEASE WRITE Properties of the correct age is especial	MAY 1 41951	the deceased from 6, and that death occur	red at 136 Pm., from the 3B. ADDRESS	DEATION (City, town, or co	at I last saw the ate stated above.  C. DATE SIGNED  STATE SIGNED  (State)  DRESS  OCCUPANTIAL STATE  OCCUPA
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5.B	3 3 1 4330 RTH NO.	BALTIMORE CITY HE		Registered N	1 4330
	NAME OF DECEASED Toseph	Fertitta		2. DATE OF DEATH May	12-195-1
Α.	Baltimore City, Maryland	Itimore Maufad institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived, III B. COUNTY	nstitution : residence before admission)
H	OSPITAL OR 3/6 M. Pace	e Steet  Greation)  Yrs.	Baltinore	4-	write RURAL and give
A 1	Length of stay in Baltimore SEX [6.COLOR OR RACE] 7	50 years Most	3/6 M. Page 8. DATE OF BIRTH	9. AGE (in years lit	Under I Year   It Under 24 Hours
11-	male color DA. USUAL OCCUPATION (Givekind of 10)	WIDOWED, DIVORCED (Specify)	Feb 20-1868	last birthday) Mon	
wor	done during most of working life, even if retired)	Business OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12, CITIZEN OF WHAT COUNTRY?
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(Ye	5. WAS DECEASED EVER IN U. S. ARMED F( s, no or unknown) (If yes, give war or dates of	DRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AD Page	DRESS
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TIF	11	(C)			
CEF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NO TO THE OISEASE OR CONDITION C.	T RELATED			
L		MAJOR FINDINGS OF OPER			20. AUTOPSY?
IEDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., e		in Baltimore City, gi	ve exact location)
M	21D. TIME (Month) (Day) (Year) (H OF INJURY	our) 21E INJURY OCCURRE  MHLE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the deceased from 5/9, to 5/12, that I last saw the deceased alive on 5/1, 195, and that death occurred at 3/5 m., from the causes and on the date stated above.				
	deceased alive on 5/1, 1 23A. SIGNATURE		3B. ADDRESS 3508 BAN.	15 St.	23c. DATE SIGNED
TIC	AA. BURIAL, CREMA- 24B. DATE DN. REMOVAL (Specify) May 15-19	24C. NAME OF CEMETE	RY OR CREMATORY 240. LC	redenos Bd.	Ballo . Ma.
D.	ATE RECEIVED BY REGISTRAR'S SOCAL BEGISTRAR'S		25. FUNDRAL DIRECTOR	013 Greenman	ADDRESS + Alue

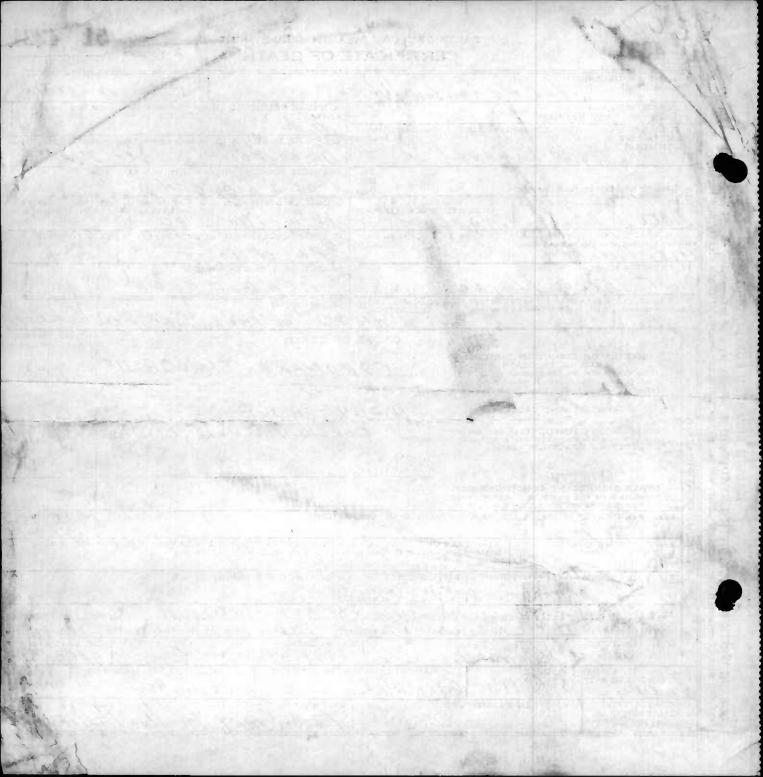


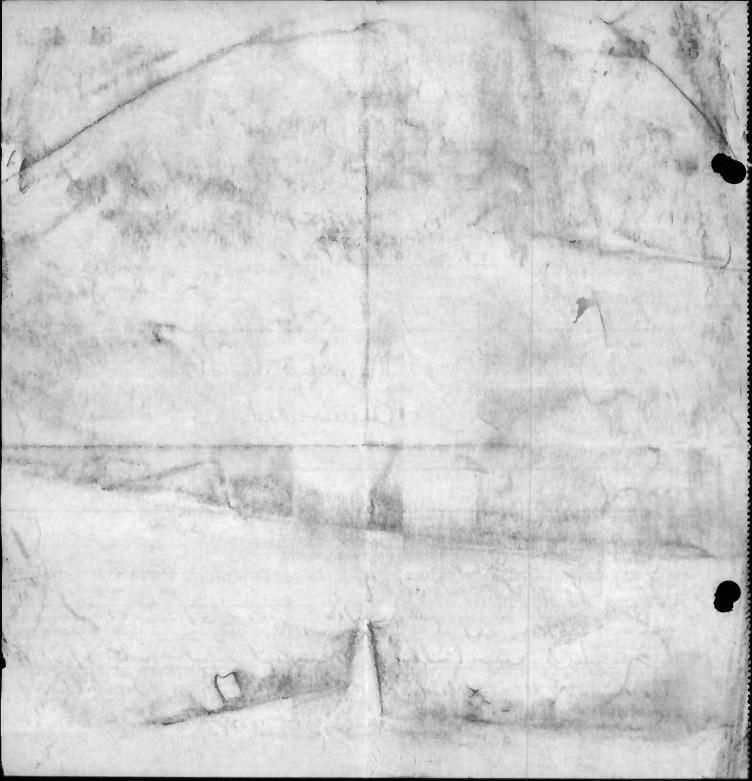
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UNFADING	Physicians: please write the causes of death clearly and legibry.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4331 Registered No.

_B	IRTH NO.							
	NAME OF DI	ECEASED /ER	NON FO	NON Whi	re	2. DATE OF DEATH	5-12-190	7
3. A.	Baltimore C	EATH: City, Maryland	BALTO	0-	4. USUAL RESID	DENCE (Where deceased live B. COUNT	ed. If institution; resi	idence dmission)
B.	FULL NAME	OF (If not in hos)		ion, give street address o location		M. Alf outside convents	Visite Andre L	1
11	STITUTION	405 W.K	OMBAK	ed Sr	BA 47/1	- / % 7	limits, write a URAL	township)
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		tay in Baltimore		Mos. Days		LOMBARD S	7	144
5	MALE	White	7. SINGLE	E, MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRT	9. AGE (In year last birthday	) Months Days Hou	nder 24 Hours ars Min.
10	A. USUAL OCC	CUPATION (Give kind f working life, even if retire	of 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN	
19	010 /12	CLANIC		INDUSTR	12ALT (1	, - ,	WHAT CO	UNIKYI
13	FATHER'S N	IAME	116 -		14. MOTHER'S M	11		
15	C OT A	D EVER IN U. S. ARM	IN FORCES	l 16. SOCIAL	Ken	A HALE		
(Ye	s, no or unknown)	(If yes, give war or d.	ates of service)	SECURITY NO. 219-01-3450	MRS DERT	e 1 /1/1/10	2 Var ///	mag.
-	18. 1/20	,			OF DEATH	electon Millier	INTERVAL	BETWEEN
	720	E OR CONDITION	N DIRECTLY				ONSET AN	D DEATH
	(This does	not mean the mod	e of dying, e.		RONARY	THROMBO	1515 1	HR
	injury or	re, asthenia, etc. It n complication which	caused death	n.) DUE TO				
	NO VIN	ANTECEDENT CA	USES	14401	R TENSIL	É		
O		OR CONDITIONS		VG (B)	ARDIO-VA	SGULAR DISE	200	************
AT	UNDERLY	ING CONDITION	A) STATING TO LAST,	HE DUE TO	, , , , , , , , , , , , , , , , , , ,	V / 1	172	
F				(C)				
RT		II IGNIFICANT CON						
CE		TO THE DEATH, BU						
Ļ	19A. DATE O	F OPERATION	198. MAJOR	FINDINGS OF OPE	RATION		20. AUT	
EDICA	21A. ACCIDE	NT, SUICIDE.	21B. PL/	ACE OF INJURY (e. g.,	in or   21c. WHERE	DID (If in Baltimore C	City, give exact locat	NO Lion)
	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.	etc.) INJURY OCCI	JR?		
Σ	210. TIME (	Month) (Day) (Yes		21E. INJURY OCCURF	RED 21F. HOW DI	D INJURY OCCUR?		
		estable to the	m.	WHILE AT NOT WHILE				CONTRA
	22. I hereby	y certify that I a		account of the		51 to MAY 12, 1		
	deceased al	ive on JAN /			rred at 10 pm	., from the causes and		
		Vert Ke	misch		1934 WIL	KENS AV	23c. DATE 9	5/
24	AA. BURIAL, C	REMA- 248, DATE		24C. NAME OF CEMET	ERY OR CREMATORY		town, or county)	(State)
1/2	HRIAL	- 3-16.	-1951	GLEN HAVE		GOV. RITCHIO HEAD	4. 1	nd.
	ATE RECEIVED		R'S SIGNATU	IRE	-1 - V	RECTOR /	ADDRESS	(
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1.0	9 2 2 2 m		4 4	6 9 9 9 9 9			The second secon	F #





K		HEALTH DEPARTMENT TE OF DEATH Registered No.	1 4333
	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:  3. PLACE OF DEATH:	aham I.Russell 2. DATE OF DEATH 5	11-51
ly supplied.	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address location)  HOSPITAL OR INSTITUTION  Provident Hospital	or A. STENS	before admission)
Can legik	c. Length of stay in Baltimore Life Mos	D. STREET ADDRESS (If rural, give location)	Quit man
should be learly and l	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Special Color) 100. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	Jan.6,1881 70	ha Days Hours Min.
tion sh	work done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTR  11. FATHER'S NAME  108. KIND OF BUSINESS OR INDUSTR  Transfer	Balto. Md.	2. CITIZEN OF THE WHAT COUNTRY?
NDING information s s of death cles	Geo. W. Russell  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yos, go or onknown) (If yos, give war or dates of service) SECURITY NO.		DRESS
BI		Ruby Russell-1001 Brantle	y, Ave
FO it	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	uma Night Chilled Clar	9
IN RESERVED NG INK. Evel is: please write	ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	un Turst fluht	21/2
MARGIN I UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
-	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OP		20. AUTOPSY?
LY, WITH	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCUR	g.,etc.) INJURY OCCUR?	e exact location)
9	OF INJURY  TIL. WHILE AT NOT WHILE AT WORK AT WORK		
WRITE P	MANAGE . Mandled M.D.	aurred at 12.25 Am., from the causes and on the	date stated above.
PLEASE WRITE correct age is esp	24A BURIAL, CREMA- TION, REMOVAL (Specify)  Sunal  DATE RECEIVED BY LOCAL REGISTRAR REGISTRARS SIGNATURE	240. LOCATION (City, town, of Balto 60.	r county) (State)  Mol
·	MAY 1 41951 29052	1011 M. ading ton	Care 1218

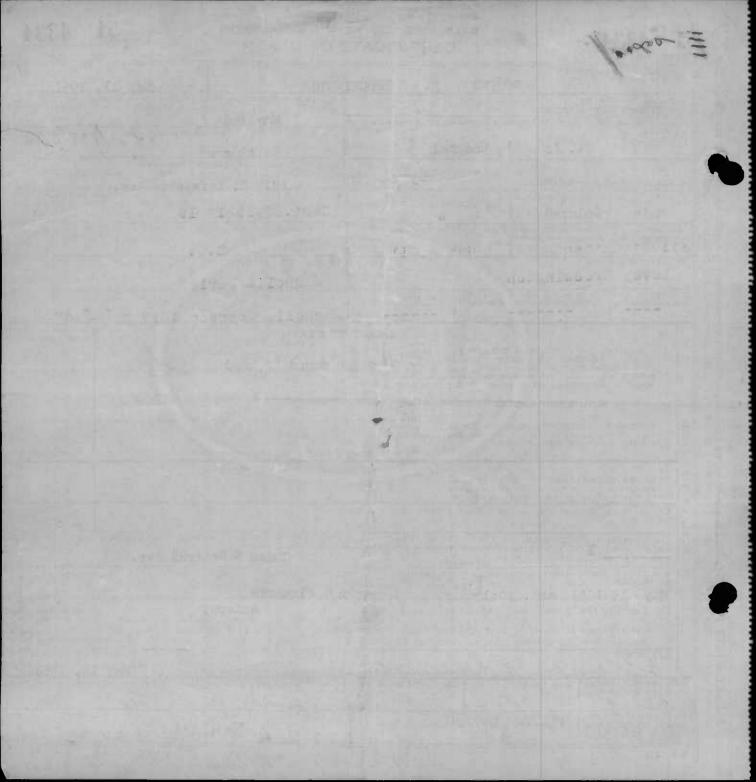


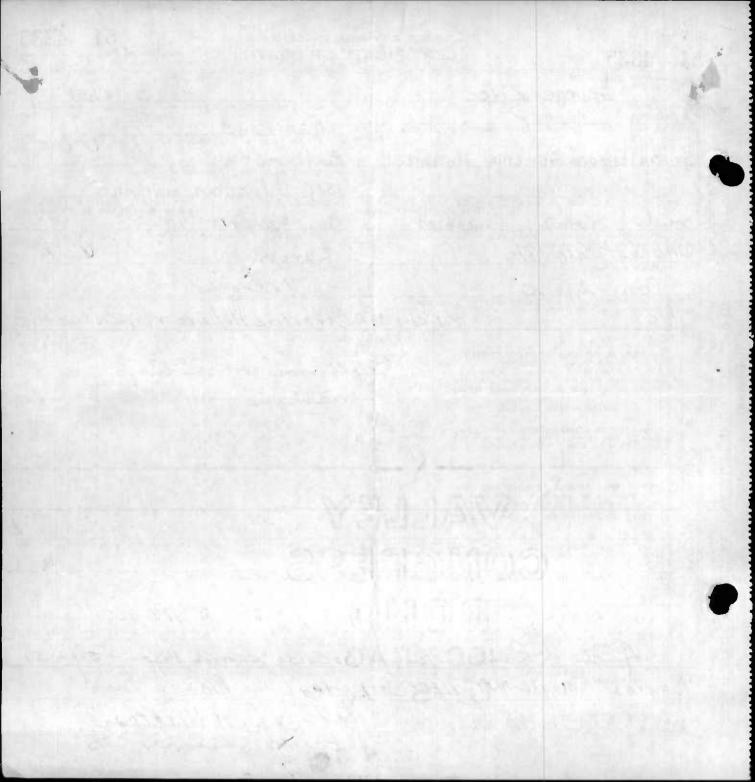
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## BALTIMORE CITY HEALTH DEPARTMENT

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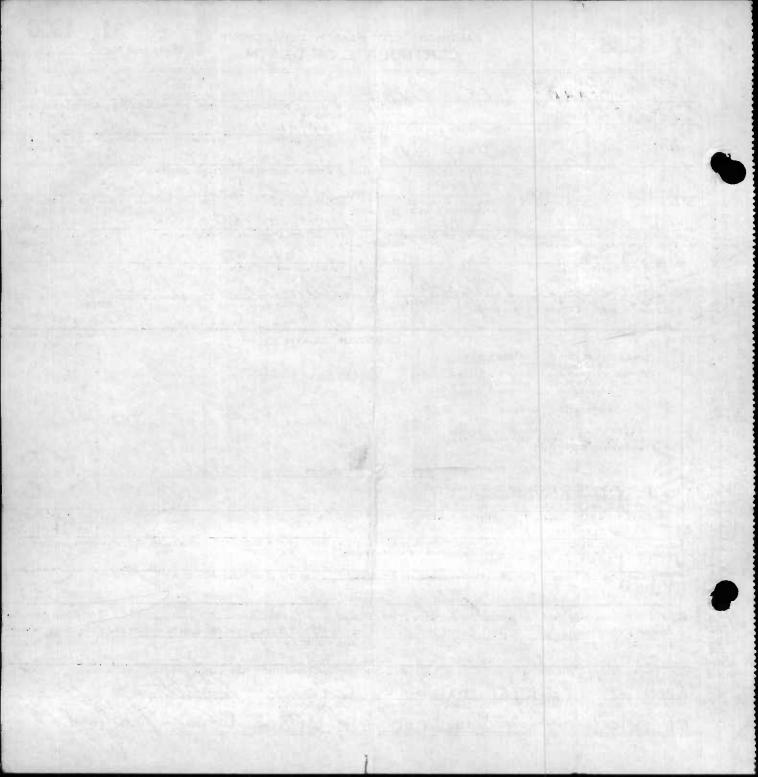
BIRTH NO.	4		CERTIFICATI	E OF DEATH	Registered	l No.
1. NAME OF D (Type or Print)		OBERT	L. BROCK	INGTON	2. DATE OF DEATH MAY	11. 1951
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	B. COUNTY	If institution: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	A SHARE OF THE PARTY OF		ion, give street address or location)	Maryland		mits, white RURAL and giv
	St. Joseph	s nosh	Yrs.	D. STREET ADDRESS		<u> </u>
c. Length of s	stay in Baltimore		9yrs. Mos. Days			1
s. sex	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH Sept.28,193	9. AGE (In years last birthday) 1 19	fi Under I Year III Under 24 Rours Months Days Hours Min.
work done during most	CUPATION (Give kind of of working life, even if retired) Attendant	-	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME		8 X 1/1	14. MOTHER'S MAIDEN	NAME	
	Breekington			Magnolia P	arley	
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARME! (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	181X			Magnolia Joh	nson 1817 I	Interval Betwee
DISEASE OF UNDERL	s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	ms the diseas aused death SES  F ANY, GIVIN STATING THAT.  TIONS CONTINUES.	(B)	n wound of head		
TO THE E	G TO THE DEATH, BUT	CAUSING I	т			
U 19A. DATE (	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES X NO
UNDERLYIN	NAL CAUSE WAS IG IX OR CONTRIB- SAUSE OF DEATH.	about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	ote.) INJURY OCCUR?	(If in Baltimore City Central Ave.	y, give exact location)
	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	177.2	IRY OCCUR?	
the ev	idence obtained by	said Auto	psu. Inspection or l	nbove, held an _Auto Autops Inquiry, find that said s [], accident [], suici	deceased died on	the day stated above
23A. SIGNA	ouley !	1. De	ulechem	23B, CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	AL EXAMINER	May 12, 1951 wn, or county) (State)
Buna	1 3/16/	51		any blu	a. a. Co	· Moli
LOCAL REGIST	BAR RECISTRAR	SIGNATH	thanab, No	Samuel O	12 Valley	ADDRESS
V S 151	1-873.	4	6276K	1011 M. Ca	elingten (	and 166





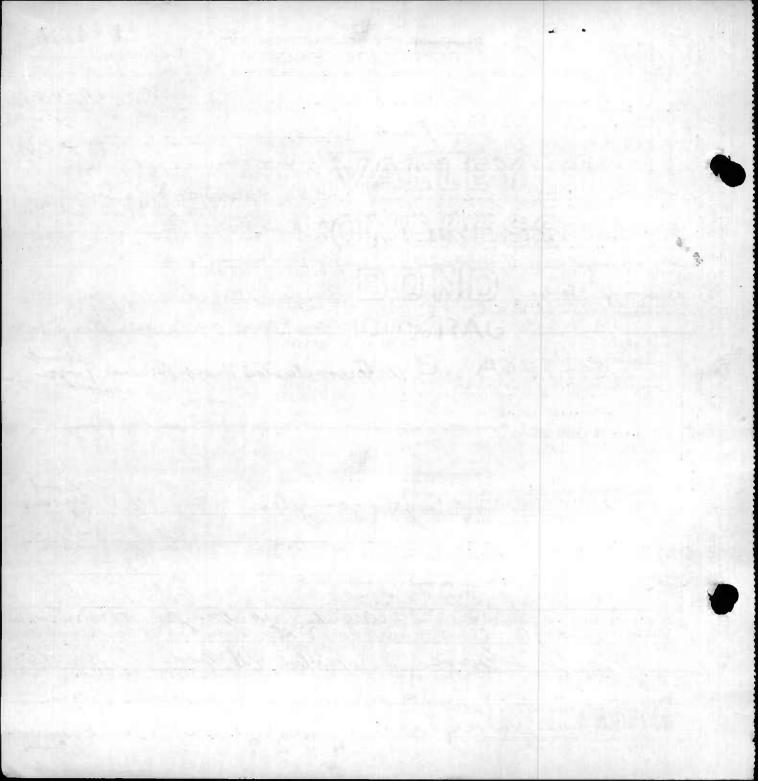
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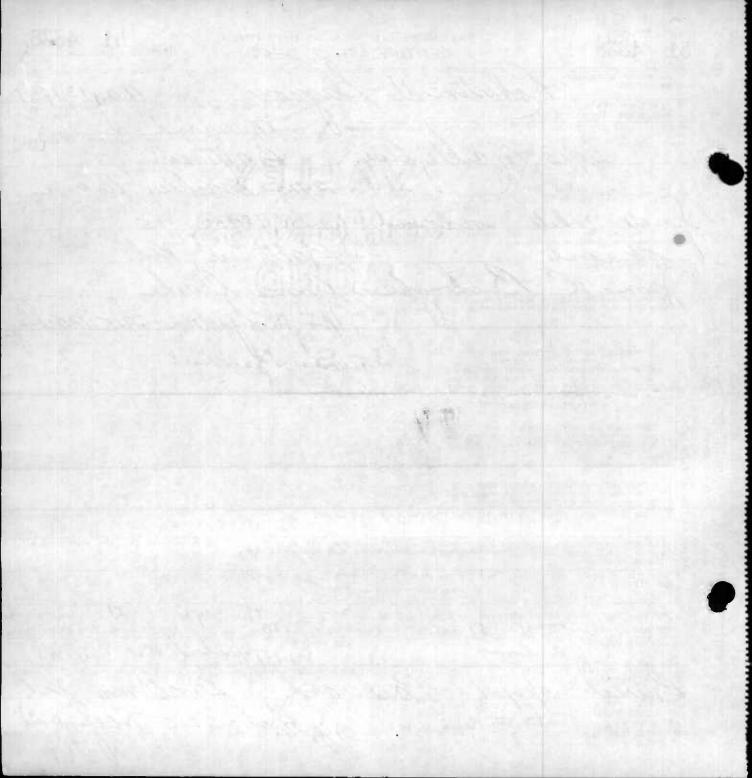
OF DEATH	Registered N	0
	2. DATE OF DEATH 5/	12/51
STATE  MARULANT	here deceased lived. If i	nstitution; residence before admission)
	11	write RURAL and give township)
3651 Du	2 ~~ / / /	E.
PRIL 15, 1894	last birthday) Mon	Under I Year I Under 24 Hours this Days Hours Min.
MARYLAND	reign country) - US.A.	12. CITIZEN OF WHAT COUNTRY?
Mondalen NA	a Half	man
RSHARRY	BURDIO	SAME
DEATH	71-5	INTERVAL BETWEEN DNSET AND DEATH
MIA		
CARCINOMA -	LEFT KIDA	EV
ON.		20. AUTOPSY?
ON 21c, WHERE DID (I	f in Baltimore City, g	YES ND
INJURY OCCUR?		
1951, to 11	ic causes and on th	, that I last saw the e date stated above.
33 S. Caut	Ave.	5/12/51
deemys C	altimore	Moderns
Stack O.	(308 Har	fred Pa
	6	52a



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	ly supplied.	
MARGIN RESERVED FOR BINDING	PLEASE WRITE P. LY, WITH UNFADING INK. Every item of information should be can	correct age is especially important. Physicians: please write the causes of death clearly and legiling
MAR	TH UNFA	nt. Physica
	LY, WI	g importa
	PLEASE WRITE P	correct age is especian

1 4337  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Res	51 4337
BIRTH NO.  1. NAME OF DEGEASED (Type or Print)  2. DATE OF DEATH:  A. Baltimore City, Maryland Doctor  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  Yrs.  C. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SINGLE, MIRRIED.  WIDOWED, DIVORCED (Specify)  10A. USUAL OCCUPATION (Givekind of Not December 1) (If yes, give with or dates of service)  15. WAS DECEASED EVER IN U. & ARMED FORCES? (Yes, no or unknown) (If yes, give with or dates of service)  17. INFORMANT  17. INFORMANT  18. USUAL RESIDENCE (Where deceas A. STATE DOC OF TOWN (If outside corp.)  18. DATE OF BIRTH 9. AGE (International Control of December 1) (International Control of December 2) (International Control of December	portite fimits, while RURAL and give township)  ocation)  In years   H Under I Vest Hours   Min.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  A DATE OF DEPARTION 1 199 MAIOR FINDINGS OF OFRATION	aburt 2 years
21a. ACCIDENT, SUICIDE, D HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or labout home, farm, factory, atreet, office bldg., etc.)  21c. WHERE DID (If in Baltin labout home, farm, factory, atreet, office bldg., etc.)	YES NO V
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY  m. WHILE AT NOT WHILE AT WORK	, 19 <b>5'</b> , that I last saw the
deceased alive on many 12, 1951, and that death occurred at 5:30 m., from the lauses  23A. SIGNATURE  23B. ADDRESS  M. D. Mallow Will are	and on the date stated above.  23c. DATE SIGNED  SYLVIS  (City, town, or county) (State)  ADDRESS
MEDICAL CERTIFICATION  1	BIRTH NO.  I. NAME OF DEGRASED Type or Print)  3. PLACE OF DEATH  3. PLACE OF DEATH  3. PLACE OF DEATH  4. USUAL RESIDENCE (Where decens or Death No. Baltimore City, Maryland Death Corp.  CONTROL OF THE CONTROL OF THE PRINT OF

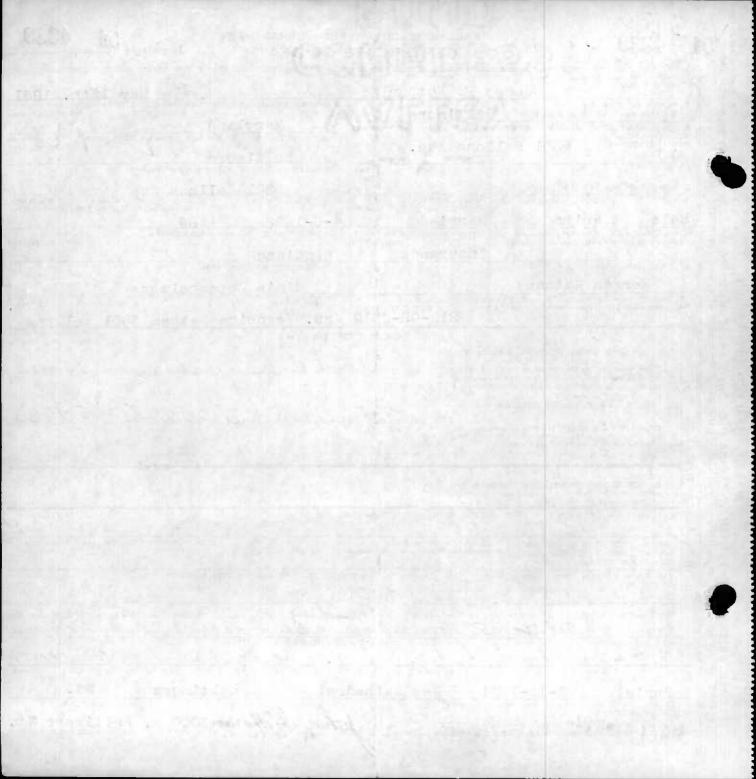


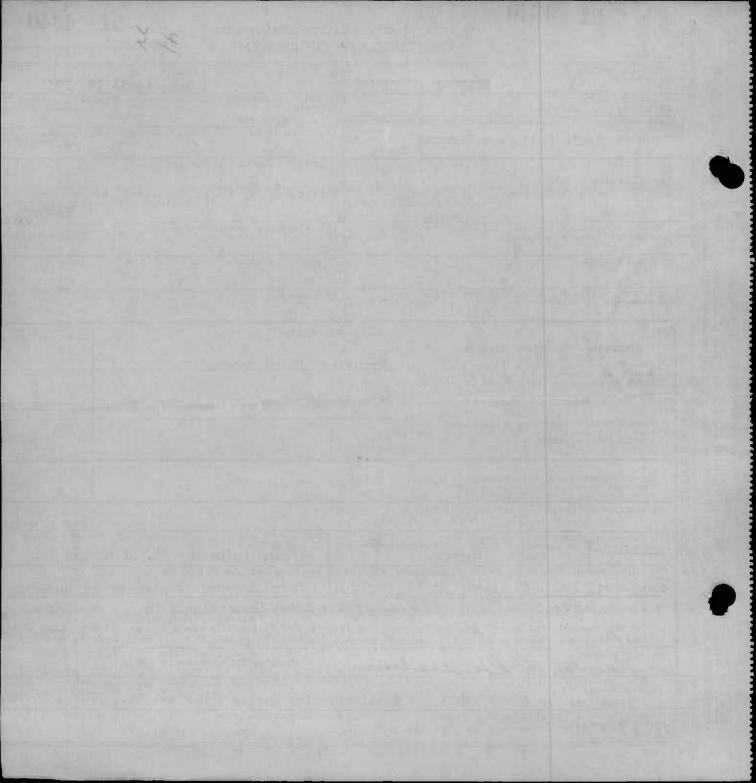


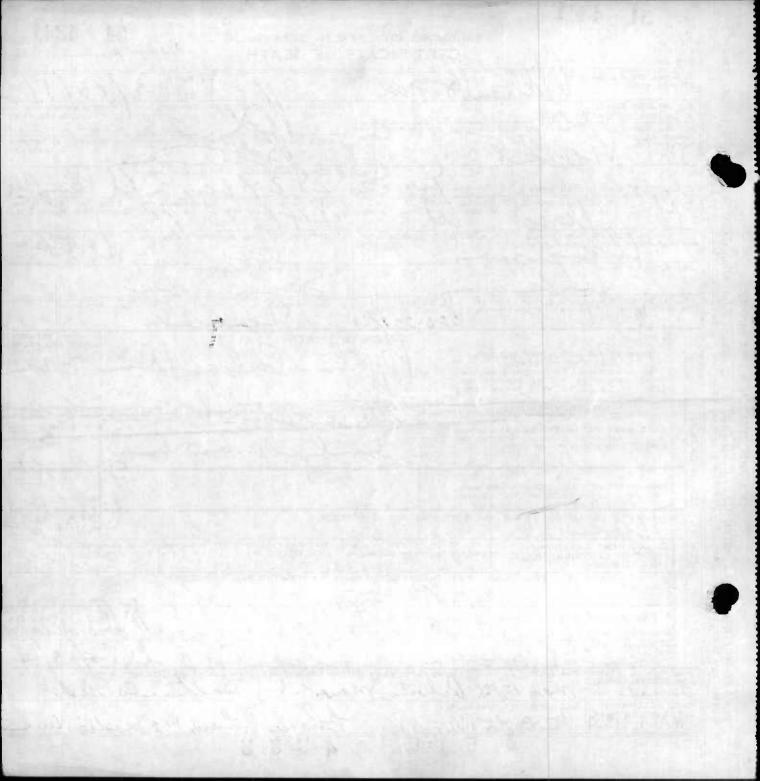
lly supplied.

Jo

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF James P. Nathan 12th. DEATH May 12th, 195
4. USUAL RESIDENCE (Where deceased lived, If institution: residence 1951 3. PLACE OF DEATH: **Baltimore** A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 5801 Bellona Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days Bellona Ave 5801 5. SEX 6. COLOR OR RACE information should be 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | M Under | Year | If Under 24 Hours | Months Days | Hours Min. If Under 24 Hours WIDOWED DIVORCED (Specify) Male White Married 4-6-1882 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY Insurance Indiana 13. FATHER'S NAME SAIGIMAN 14. MOTHER'S MAIDEN NAME Herman Nathan Minie Oppenheimer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Ave. (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO 212-05-0519 causes Mrs. Veronica Nathan 5801 Pellona NTERVAL BETWEEN 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL important. 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT AT WORK WORK May 12, 1951, that I last saw the 22. I hereby certify that I attended the deceased from. , 19 1, to. ., 1950, and that death occurred at the m., from the causes and on the date stated above, deceased alive on Och 31 23A-SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Md. New Cathedral Baltimore 5-15-1951 Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FONERAL DIRECTOR LOCAL REGISTRAR Baltimore St. 20003000 E.



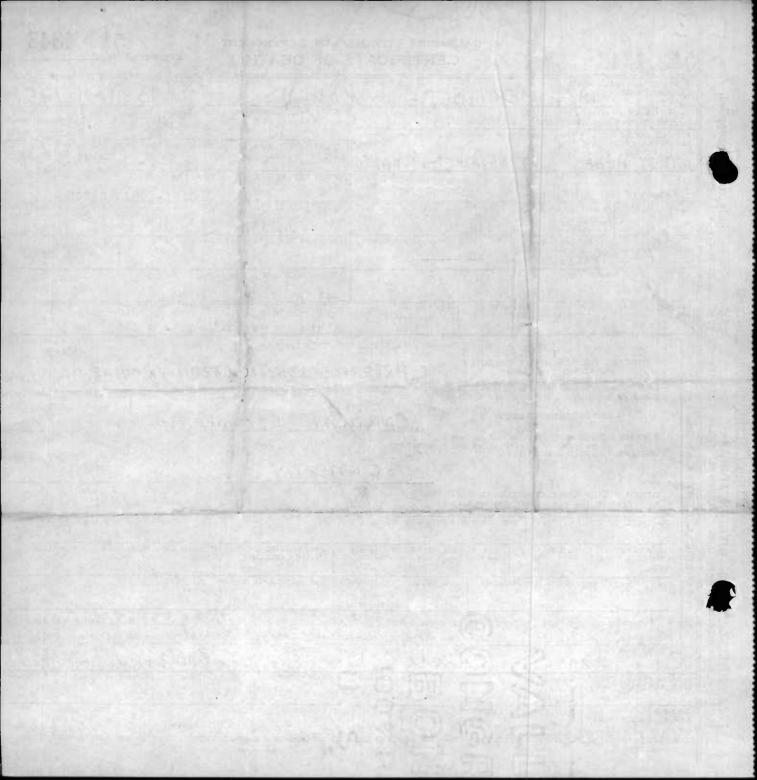


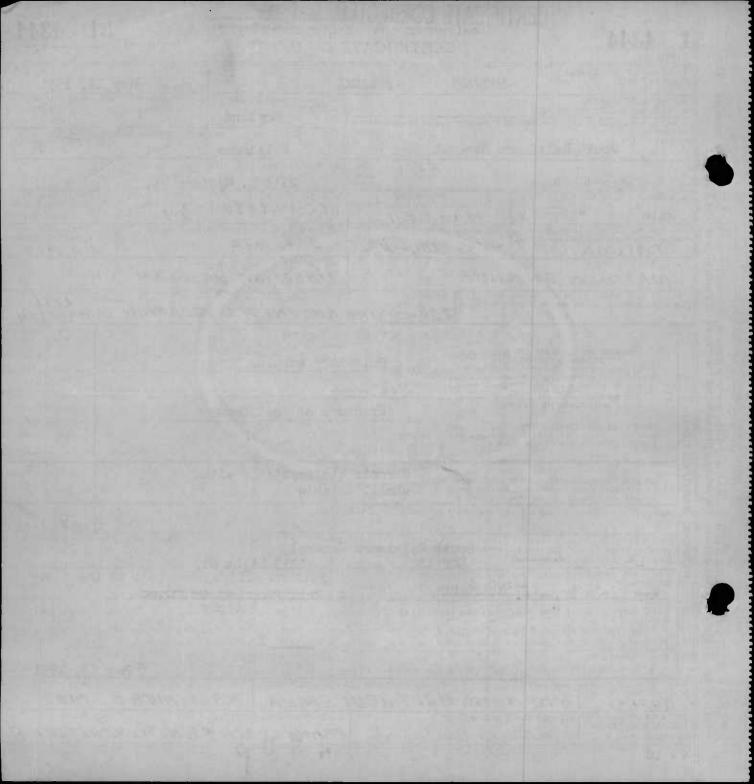


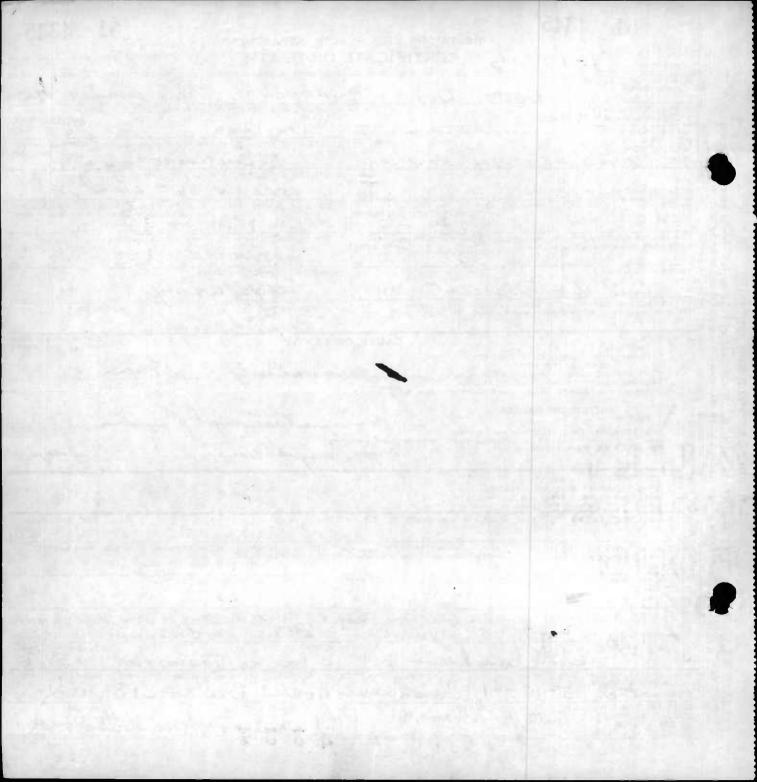
	IRTH NO.				CERTI	IFICATE	OF DEATH	1	Regist	ered No.		
	. NAME C Type or Pr	of DECEAS	SED	losep	h	5m,			DEATH			1951
A.	Baltimo		Maryland		tution, give str		4. USUAL RESIDE	NCE (W	B. COUI		befo	residence ore admissi
H	OSPITAL NSTITUTION	OR			energ/	location)	C. CITY OR TOWN		utside corpora			RAL and s townsl
4	Longth		Baltimor			Yrs. Mos.	D. STREET ADDRE	'	ural, give loca		. 5	200
	SEX No le		LOR OR RA	CE 7. SINC	SLE, MARRIE OWED, DIVOR	CED (Specify)	8. DATE OF BIRTH 8-14-19		9. AGE (In y last birthd	ears H Un	der 1 Year	If Under 24 H Hours M
	k done during		TION (Give king life, even if ret	ind of 10B. KI	ND OF BUSII		11. BIRTHPLACE (S	tate or for	eign country)	12	WHAT	EN OF COUNTI
13	3. FATHE	R'S NAME	Josep	Lw.	fuith		14. MOTHER'S MAI		Cfus	N		
15 (Ye	5. WAS DEC	CEASED EVE	R IN US. AF	RMED FORCES: r daten of service)		JRITY NO.	mrs. Solum	L.	mich.		don	me h
	heart	does not r	henia, etc. It	ode of dying, t means the dis ich caused de	ease,		ronary			<u> </u>	***	*******
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AL CERTIFICA	OTH TRIBITO T	ASES OR ( TO THE AB ERLYING  ER SIGNIF UTING TO THE DISEASE TE OF OPE	CONDITION OVE CAUSE CONDITION  II FICANT CO HE DEATH, E OR CONDITE  ERATION	CAUSES  NS, IF ANY, GI (A) STATING N LAST.  DNDITIONS ( BUT NOT REL TION CAUSING	VING THE DUE 1 (C) CON- ATED 3 IT.	S OF OPER	ATION	UD (If	in Baltimore	City giv	YES [	No
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R.	<u>.</u> .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EALTH DEPARTMENT E OF DEATH	5. Registered No	1 4343
	1.	NAME OF DECEASED BERNADETTE	RODDV	OF DEATH 13 M	ay 1951
supplied.	3.	PLACE OF DEATH: Baltimore City, Maryland Baltimore, Md.	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before admission)
ins	В.	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location			
	11	NOT. ST. AGNES - MT. WASHINGTON - BALTO	Baltimore	outside corporate limits,	township)
callegib	2.	Length of stay in Baltimore 55 Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location) Mt. Washi	ngton
ld be		. SEX   6. COLOR OR RACE   7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify Single   Si	s. DATE OF BIRTH Feb. 14, 1870	O ACE Un venral BH	The state of the s
on shoul	1C wor	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fo	02-1	12. CITIZEN OF WHAT COUNTRY?
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and		Sister of Mercy	14. MOTHER'S MAIDEN NA	AME	
		Owen Roddy	Ellen Carnev		
	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   16. SOCIAL   SECURITY NO.	17. INFORMANT	AD	DRESS
		SEGORITI NO.	Sister Mary Edit	ch Mt. Washir	igton
	NOIL	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	RIOSCLEROTIC CA		
<b>H</b>	0	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
Y, WITI	DICAL	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., HOMICIDE (Specify) about home, farm, factory, street, office bldg.		f in Baltimore City, gi	ve exact location)
PLEASE WRITE PI. Y, correct age is especied fumpor	II ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY  WHILE AT WORK NOT WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1951, and that death occure 23A. FIGNATURE  M.D.	red at 430 pm., from to 23B. ADDRESS STERY OF CREMATORY 24D. LC	he causes and on the Balto, Wallow Washington	14 My 5
			7 0 0 8		931)







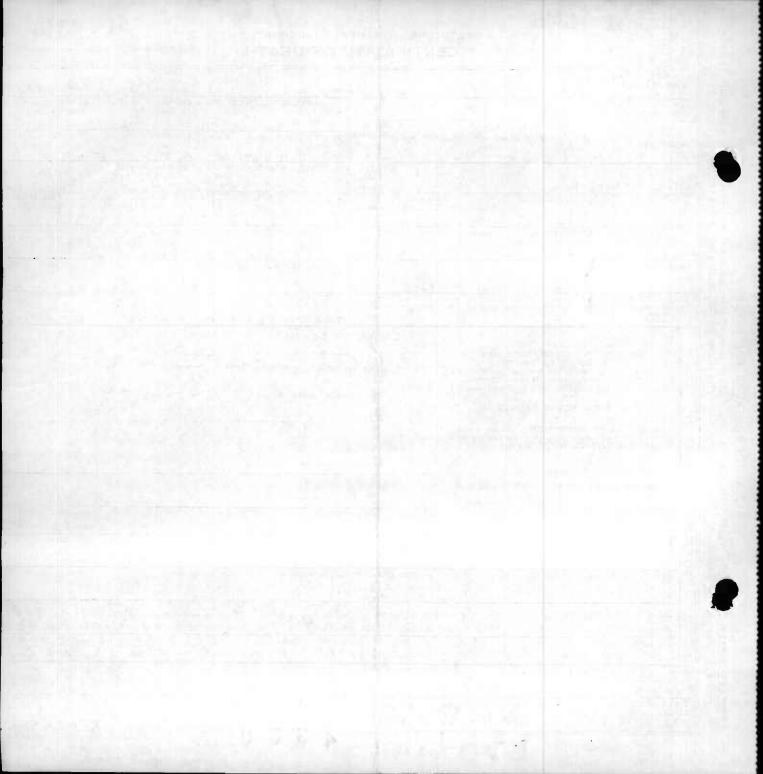
	52/51	4346
١.	BIRTH NO.	
	1. NAME OF DECEA (Type or Print)	AMU
ľ	3. PLACE OF DEATH	
	B. FULL NAME OF HOSPITAL OR A INSTITUTION	NG BR
ľ	c. Length of stay	

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4346 Registered No.

BI	RTH NO.			02.1.1110/11			
	NAME OF DE	CEASED	0	1		2. DATE OF M.	13 10 -
		JAMUE	4 /-	. LONGB.	077029	DEATH / /A	12, 145/
a. Baltimore City, Maryland					4. USUAL RESIDENCE (V	Where deceased lived, If jos B. COUNTY	titution: residence before admission)
В.	FULL NAME	OF (If not in hosp	ital or instituti	on, give street address or	MARYLAN		
IN	SPITAL OR	ONG DRE	GN NUI	esing Hapcation)	c. CITY OR TOWN	outside corporate limits, w	rite RURAL and give
1	0 115	MELROS	e A	v &	15ALTIN	ORE do	-04
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
2000	Length of st	ay in Baltimore	EL 7 SINCLE	Days. . MARRIED.	8. DATE OF BIRTH	9. AGE (In years) H Und	er 1 Year   N Under 24 Hours
3.	M	(a)	WIDOW	ED, DIVORCED (Specify)	Tur 1 1817	Iast birthday) Month	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind	of 108, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)   12	CITIZEN OF
-	0	working life, even if retire	BUREA	INDUSTRY	VORKSHIR	F Fine.	WHAT COUNTRY?
	FATHER'S N		10 - 10 6/11		1. MOTHER'S MAIDEN N		
		400	6 13 67	7784	-	AGNOS	V 0
15 (Y-	. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS
110	No.	( 300) BITO WOL OF GO		SECURITY NO.	HARRY LONG	7.775M 309 /	ONTIAC BUB
	18. //-	0		CAUSE	OF DEATH		INTERVAL BETWEEN
	4 2	E OR CONDITION	DIRECTLY	0 -	- 10 -	1 10	ONSET AND OFATH
	(This does	LEADING TO DE		all	aio -solaro	lie heart	1
	heart failu	re, asthenia, etc. It m complication which	eans the diseas	e, /	(-0-00 ) -	Les : lite	
	ANTECEDENT CAUSES						
TION	DISEASES OR CONDITIONS, IF ANY, GIVING						
ATI		HE ABOVE CAUSE (		E DUE TO			
U							
H		II.		(C)			
CERTI	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELATE	.D			
1		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	7	rone					YES NO
EDI	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, atreet, office bldg.,		If in Baltimore City, give	exact location)
Σ	21p. TIME (	Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE		_/	
	22. I hereh	y certify that I a		3/	25 1950 to	1/2 1957	that I last saw the
	dcceased al	76 / 1 1		and that death occur	1120	he causes and on the	
	23A SIGNAT		10 10		3B. ADDRESS	P/_1:	239 BATE SIGNED
	A	arry &	sexe	M. D. 1	226 Hano	enon	0/17/07
	4A. BURIAL, CON, REMOVAL (S		12	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
	BURIA	1/10	15.1951	MEADOWRI	DGE MEMPR. L	DORSEY.	Mp.
D	ATE RECEIVED	D RY   PECISTRA	R'S SIGNATU		25. FUNERAL DIRECTOR	// A	DDRESS
11 -	MAY 151	051	the story!	VILLAULA ME	Tana - 11/11	4001 R:	- 11:5H



Daniel

1539 Division Street

Ware

(If not in hospital or institution, give street address or

BIRTH NO.

HOSPITAL OR

INSTITUTION

1. NAME OF DECEASED (Type or Print)

A. Baltimore City, Maryland

3. PLACE OF DEATH:

before admission)

Registered No.

DEATH May 12,

(If outside corporate limits, write RURAL and give

B. COUNTY

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

(If rural, give location)

Maryland

Baltimore

D. STREET ADDRESS

C. CITY OR TOWN

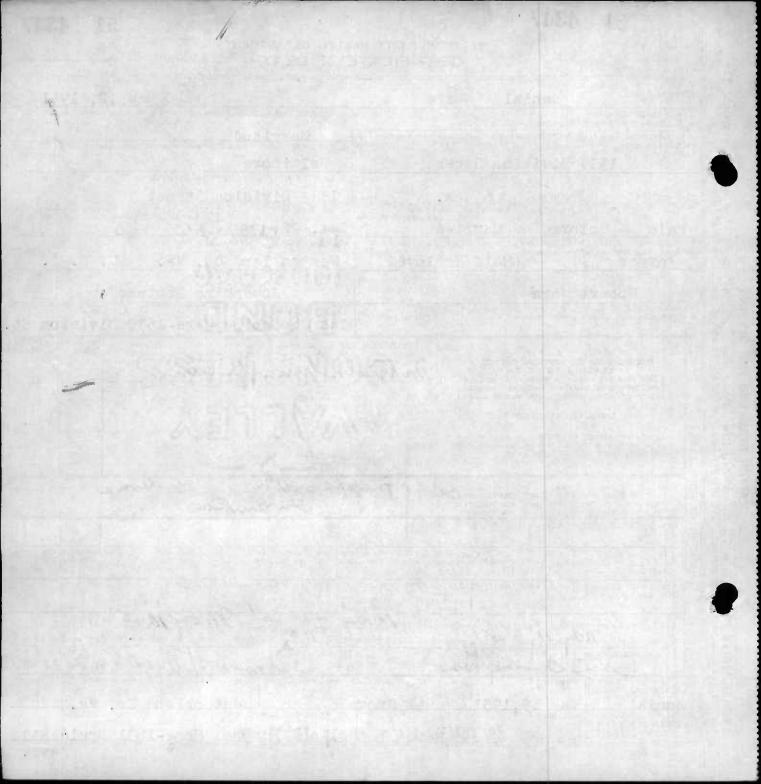
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

location)

Yrs.

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(	V.	
MARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK. Every item of information should be cally suppli-	important. Physicians: please write the causes of death clearly and legh
MARGIN RESER	UNFADING INK.	Physicians: please
	LY, WITH	important.

D C	. Length of s	tay in Baltimore	6 W	KS Days	1539 Division	Street	
5 5	. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Under I Year   Il Under 24 Hours ths: Days   Hours: Min.
	Male	Colored	Marr		Oct. 22, 1884	66	20 liours Min.
1	DA. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
D WOL	Farmer	of working life, even if retired)	Self	Employed Employed	Westmorland (	To Va	U. S. A.
G 13	3. FATHER'S		0011	ыпртоуба	14. MOTHER'S MAIDEN NA		O. D. A.
dearn dearn	P.C	bert Ware			Togenh	ine Fortune	
4.1		ED EVER IN U. S. ARMEE	FORCES?	I 16. SOCIAL			
O (Y	es, no or unknown)	(If yes, give war or date	a of service)	SECURITY NO.	17. INFORMANT Miss Christine		Division St
causes	1					W816-1779	
a can	18. 47	1.0		CAUSE	OF DEATH		ONSET AND DEATH
the	DISEAS	SE OR CONDITION		2. 100	le Jan 11.	C.A.	4
	(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	ywy os	o many	ancy	
ž l	injury or	complication which c	aused death	e, .) DUE TO	9	1	
please write		ANTECEDENT CAUS	ES				
Z Se				(B)		*4**(** <b>4</b> >** <b>40</b> **********************************	
9 Se	RISE TO T	S OR CONDITIONS, II	STATING TH		12		
	UNDERLY	TING CONDITION LA	ST.	(C)			
ans							
io F	OTHER SIGNIFICANT CONDITIONS CON & C Pupero atom - De dema -						
Physicians: CERTIFICA	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
Z O				FINDINGS OF OPER	PATION		20. AUTOPSY?
A L	100000000						YES NO
mportant.		ENT WAS UNDER		CE OF INJURY (e. g., i		f in Baltimore City, g	
Por	LYING OF	R CONTRIBUTING DEATH	about home,	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Z Z	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY			WHILE AT NOT WHILE		. 2/	
22			m.	WORK WORK	- (17	10 14 5	1
especia	22. I hereby earlify that I attended the deceased from 7, 19, to may 12,193, that I last saw the						
es	deceased alight the 195 and that death occurred at 4 m., from the causes and on the date stated above.						
133	23A, SIGNA	REAL	T.	2	38. ADDRESS	Hu 01	M on 12 5
8 2 8 2			~ N	M. D.	14 00 mm	OCATION (City, town,	THE RESERVE AND PARTY OF THE PA
	AA. BURIAL.		6	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town,	or county (State)
correct	Burial		1951	Oak Grov	e West	tmorland Co	. Va.
L D	ATE RECEIVE		SSIGNATI	IRE	25. FUNERAL DIRECTOR		ADDRESS
°   _	WAY	1531 Lindi	WATER A	Milenia Mar o	Holland Munera:	1 Home-1631	Druid Hill
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				1001	0		26



should be early and information Every INK. UNFADING Physicians:

WRITE PLEASE

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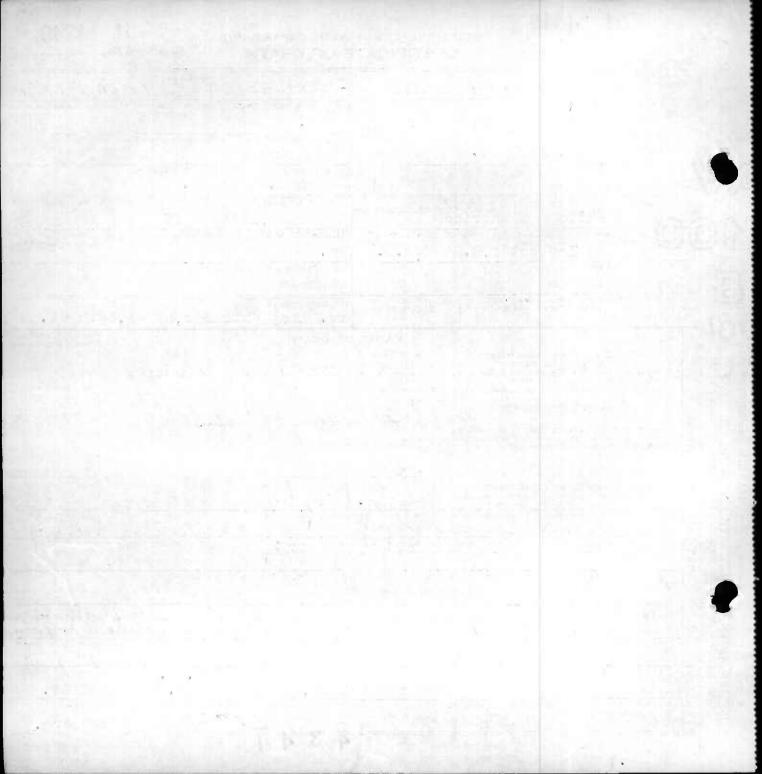
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MARGIN RESERVED FOR DINDING	E F VEY, WITH UNFADING INK. Every item of information should be	pechary important. Physicians: please write the causes of death clearly and legion.
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	E	be

51	4349
-363	
BIRTH NO.	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4349 Registered No .__

		Sype or Print) JOSEPH JAMES	GUTRIDGE OF 13 MAY 1951				
-		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
		FULL NAME OF (If not in hospital or institution, give street address					
		DSPITAL OR location	C. CITTOR TOWN (II butside corporate limits, write RURAL and give				
	0	() 323 H. 30th St.	Baltimore /2-02 township)				
		Length of stay in Baltimore Yr  Mo Da	s. 323 R. 30th St.				
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In years   11 Under 1 Year   11 Under 1 Year   12 Hours   Months; Days Hours Min.				
		ale white married	Apr 11 13,1874 77				
	orl 10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR L'oppe during most of yorking life even if retired) B. & O. R. R. P. C. R. R. R. R. C. R.	11. BIRTHPLACE (State or foreign country)  Va.  12. CITIZEN OF WHAT COUNTRY?				
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		Henry Gutridge	Unknown				
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL s, no or unknown)   (If yes, give wer or dates of service)   SECURITY NO	17. INFORMANT ADDRESS				
11	(10	s, no or unknown) (If yes, give wer or dates of service) SECURITY NO	Mrs. Lucy Gutridge, 323 E. 30th St.				
-		18. / 2 2 / CAUS	E OF DEATH				
		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
		LEADING TO DEATH	pinamed land allowing				
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	- Spilling				
		injury or complication which caused death.) DUE TO					
	_	ANTECEDENT CAUSES (B) Carcinonia of prostate 270cl. 1950					
	6	DISEASES OR CONDITIONS, IF ANY, GIVING	provide a provide				
	ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	VV				
	<u>Q</u>						
	느	II (C)					
	ď	OTHER SIGNIFICANT CONDITIONS CON-	Doll It a Dist				
	Ü	TO THE DISEASE OR CONDITION CAUSING IT.	· Knydrahou + Alemition				
	_1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	t- Otto				
	S	29 Dec. 1950. Carculoma of prosta	le c overherhon & Melasiasas YES NO E				
- Control	MEDI	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. about home, farm, factory, street, office bloomed by the suicine blo					
	~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?				
	i	m. WHILE AT NOT WH					
		22. I hereby certify that I attended the deceased from 2	2 June, 1948, to 13 May, 1951, that I last saw the				
deccased alive on 13 May, 1951, and that death occurred at 6 A. m., from the causes and on the date stated a							
23A. SIGNATURE   23C. DATE							
		Hoseph 15. Muse MM.D.	5 Nest 29 7 5t. 13 May. 51				
	24	AA. BURIAL, CREMA 248. DATE 24C. NAME OF CEME	TERY OR CREMATORY 240000 TION (City, town, or county) (State)				
	1	Burial May 15/51 Western Ce	metery, Edmondson Ave. & Longwood St.				
1		ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
	1	MAY 1951951 Hunter store Williams, Mile	Harry Huits 4101 Edmondson Ave.				
		VS 150	4/010				
11			211				



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		PLEASE WRITE F ILY, WITH UNFADING INK. Every item of information should be considered age is especially important. Physicians: please write the causes of death clearly and legion.
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	MARGIN RESERVED FOR BINDING	PLEASE WRITE F. ILY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legible.
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51 4350	51 4350
CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Charles H. High	2. DATE OF May 12/51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION 2812 Georgetown Rd.	01
c. Length of stay in Baltimore  Life Mos Day	2812 Georgetown Rd.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, MALE NO SPECIAL DIVORCED (Special DIVORCED (Special DIVORCED)	8 DATE OF BIRTH 9 AGE (In years) If floder 1 Year   Il floder 24 Hear
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) 32 to Porcle in DUSTR	11. BIRTHPLACE (State or foreign country)  Balto . Id. WHAT COUNTRY
George High	Harriett Cook
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 214 03 544	17. INFORMANT ADDRESS 4rs.Hannah High, 2812 Georgetown Rd
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	cris selensis ?
194 DATE OF OPERATION - 1 198 MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	
Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY  m. WHILE AT WORK AT WORK	, E
22. I hereby eertify that I attended the deceased from deceased alive on 1951, and that death occur	urred at 615 Pm., from the eauses and on the date stated above
Carl Prostling M.D.	13 M H Lombard & 23c. DATE SIGNED 5-15.51
Burial May 15/51 Western, Ed	mondson Ave & Longwood St. Balto.Md.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Lary Michael 101 Edmondson Ave
WS 150 331 523 3	D 94a

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51 400	11	DALTIMODE CITY HE		٠.٨٠	1001
ND-108002 BIRTH NO.		CERTIFICATI	E OF DEATH	Registered N	Vo
1. NAME OF DI (Type or Print)		zabeth Smith		2. DATE OF DEATH May	13,1951
3. PLACE OF DI A. Baltimore C	City, Maryland		4. USUAL RESIDENCE		
B. FULL NAME HOSPITAL OR INSTITUTION	Baltimore	al or institution, give street address or City Hospitals ^{location)} ern Avenue	Marylan c. CITY OR TOWN Baltimore		s, write RURAL and give township
c. Length of st	tay in Baltimore	Yrs. Mos. Days	B.C.H. 4940 Eas		
5. SEX Female	6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	May 1,1876	9. AGE (In years last birthday) Mo	Under 1 Year H Under 24 Hears nths Days Hours Min.
housewif		10в. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
Henry Si			14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASE	D EVER IN U. S. ARMEE (If yes, give war or date	o FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Balti Records: 4940	more City How Eastern Avenu	Pffals
(This does heart failu injury or	SE OR CONDITION LEADING TO DEA' not mean the mode of the complexition which of the complexities	of dying. e.g., (A) Carcilins the disease, caused death.) DUE TO	noma of Cervix		9Yrs. +
RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE TO			
TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED Anoria			
19A. DATE O	F OPERATION 1	9B, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	NT. SUICIDE, (Specify)	21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, g	give exact location)
OF INJURY	Month) (Day) (Year)	m. WHILE AT NOT WHILE			
		ended the deceased from 1- , 19_51, and that death occur			
23A. SIGNAT		Magan M.D. 2	38. ADDRESS 4940 Eastern Ave	nue	23c. DATE SIGNED 5-14-51
TRIBUTING TO THE D 19A. DATE O 19A. ACCIDE HOMICIDE HOMICIDE 21D. TIME ( OF INJURY) 22. I hereby deceased al 23A. SIGNAT	GIGNIFICANT CONDIGORATION OF OPERATION 1  ENT. SUICIDE, (Specify)  Month) (Day) (Year)  y certify that I attlive on 5-13	PARTICIO ANOXIZ.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about bome, farm, factory, street, office bldg., the street of the	21c. WHERE DID (NURY OCCUR?)  ED 21f. HOW DID INJUR  28 , 1947, to  rred at 7 p.m., from 1236. ADDRESS	5-13, 1951 the causes and on the	yes Draw A that I last sa the date stated of 23c. DATE SIGN 5-14-51

Western Cemetery

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

burial
DATE RECEIVED BY

16

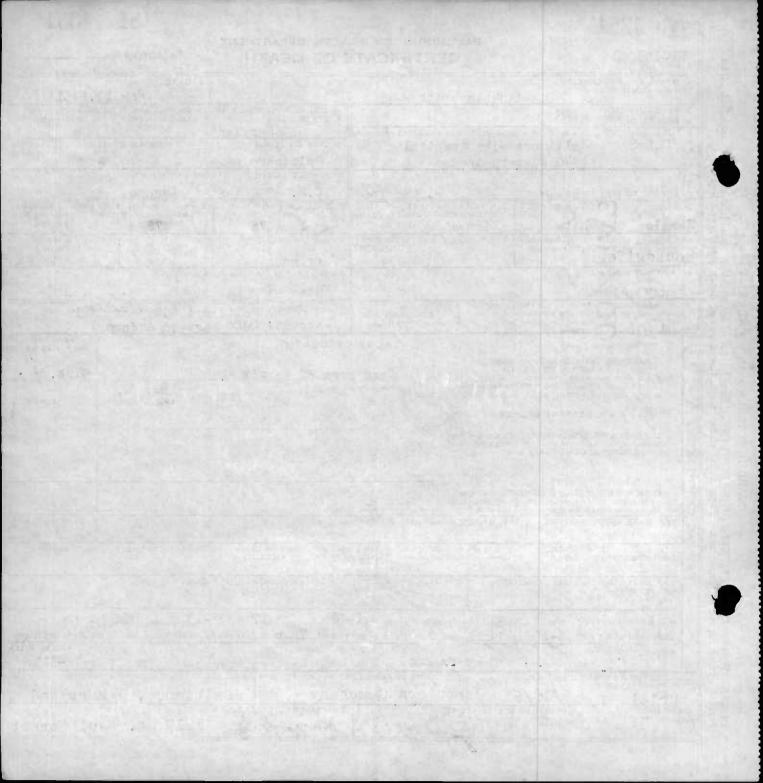
REGISTRAR'S SIGNATURE

Maryland

1217 St. Paul Street

Baltimore,

25. FUNERAL DIRECTOR



supplied. The

UNFADING INK. Every item of information should be ca Physicians: please write the causes of death clearly and legi

LY, WITH Important.

PLEASE WRITE PI

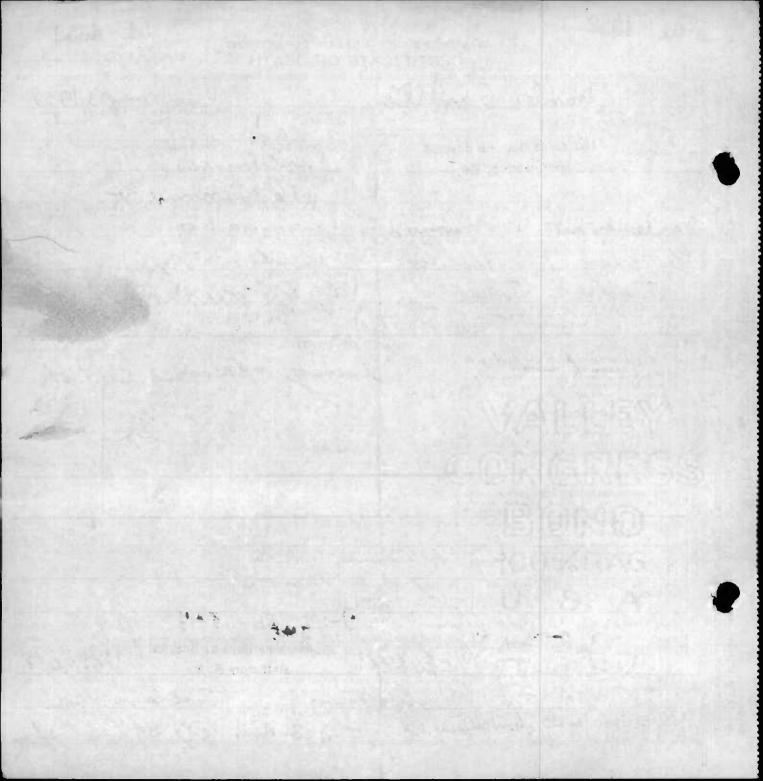
MARGIN RESERVED FOR BINDING

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Charles 5 amell,	2. DATE OF DEATH 2013, 1951
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If idstitution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	md.
HOSPITAL OR INSTITUTION The JUNIS Hopkins Hospital location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore 5, Md	1200 more 15-06
Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days   5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   It leder   Year   If Under 24 lious
WIDOWED, DIVORCED (Specify)	1 last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
working educing most of working life, even if retired)  Revended to the state of th	Columbia S C WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E. Sowell	Elizabeth Middleton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. WFORMANT Johns Hopkins Hospitaboress
218-10-7622	The Johns to
18. 57/X CAUSE C	OF DEATH DATEMENT INTERVAL BETWEEN
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(This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease,	
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OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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deceased alive on 5-13 19 5 , and that death occur	
23A. SINATURE	3B. ADD HOS John'S Hopkins Hospital 23c. DATE SIGNED
24A. BORIAL, GREMA- 24B, DATE 24C, NAME OF CEMETER	DETUINITE 5 MIL
Burial 5/19/51 Woodle	11500 mo
DATE RECEIVED BY ARGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 5 95 Limite for Williams, May	17 Cot On 1217 St. Paul st
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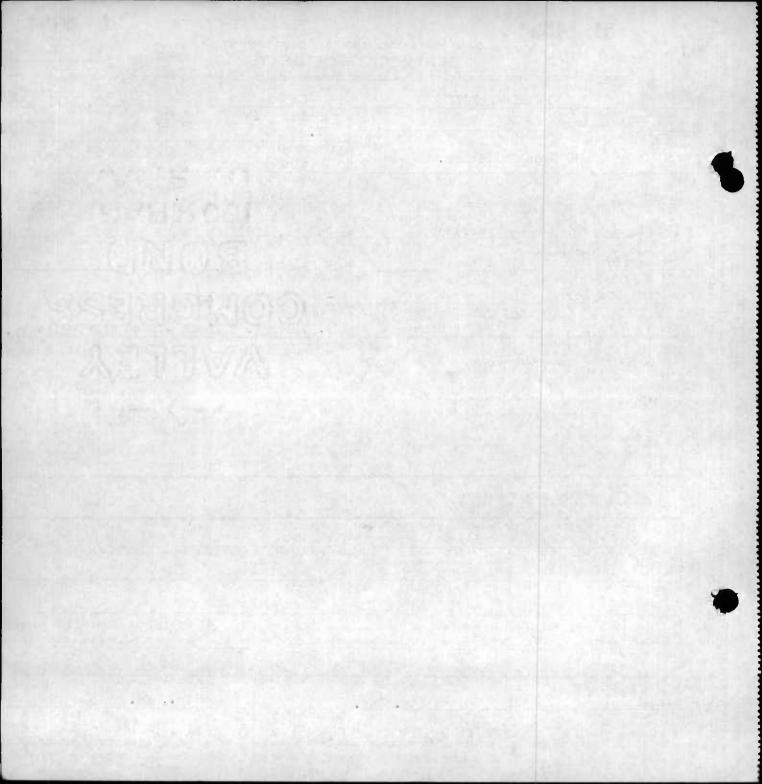
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BIRTH NO. CERTIFIC.	ATE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) PEARL ELLIOTT	DEATH May 13, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street addr HOSPITAL OR loca	
INSTITUTION 5940 Glen Falls Ave.	township)
(1)()	Baltimore 2/-54
	Yrs. D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Days   5940 Glen Falls Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S	9. AGE (In years   If Under 24 Hours   pecify)   9. AGE (In years   If Under 24 Hours   Months Days   Hours   Min.
female white married	July 6, 1891 59
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRIANCE TO BUSINESS OF THE PROPERTY OF THE P	
housewife at home	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene Staylor	- Hahn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, ao or unknown) (If yes, give war or dates of service) SECURITY ?	17. INFORMANT ADDRESS
no	Mr. Elmer T. Elliott - 5940 Glen Falls Av.
18. / 7) X CAU	SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ARCINOMA - CERVIX 6 TEARS.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
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(c)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
LI TRIBUTING TO THE DEATH, BUT NOT RELATED	
U TO THE DISEASE OR CONDITION CAUSING IT.	OPERATION 20. AUTOPSY7
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21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY	e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	URRED 21F. HOW DID INJURY OCCUR?
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	1945, 19, to 5/13/5/, 19, that I last saw the
	pecurred at I/A: m., from the causes and on the date stated above.
23A. SIGNATURE	238. ADDRESS 23c. DATE SIGNED
Been: B- Mores, M.D M.	2. 448 M. Lugerus tue 5/18/51
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEI	METERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
Burial 5/16/51 Balto. C	Balto., Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
LOCAL REGISTRAR	Alora . Sickner & Sons.
VS 150	buth Will.



51 4355 4355 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED_ 2. DATE (Type or Print) OF supplied. -sabet DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution : fesidence A. Baltimore City, Maryland 000 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 403 N. Bend Rd. c. Length of stay in Baltimore Days should be 9. AGE (In years | Il Under I Year | It Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? information s never worked 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Patrick Nugent McNally 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO Every item of i none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ARTERIOSCLENOSIC CIBROLO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO UPSCULAN DIVERSE injury or complication which caused death.) ANTECEDENT CAUSES INK. DULMONBRY CATIO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? WITH AL important. NO 4 YES EDIC 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK m. WORK especi 196 D ___, 1905, that I last saw the 22. I hereby certify that I attended the deceased from_ WRITE 13, 195/, and that death occurred at 1:00 m., from the causes and on the date stated above. deceased alive on & 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 20 age 24c, NAME OF CEMETERY OR CREMATORY 2AD. LOCATION (City, town, or gounty) 24A. BURNAL, CREMA-24B. DATE PLEASE TION, REMOVAL (Specify correct Burial 6 New Cathedral Com. 26 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150 The State of the same

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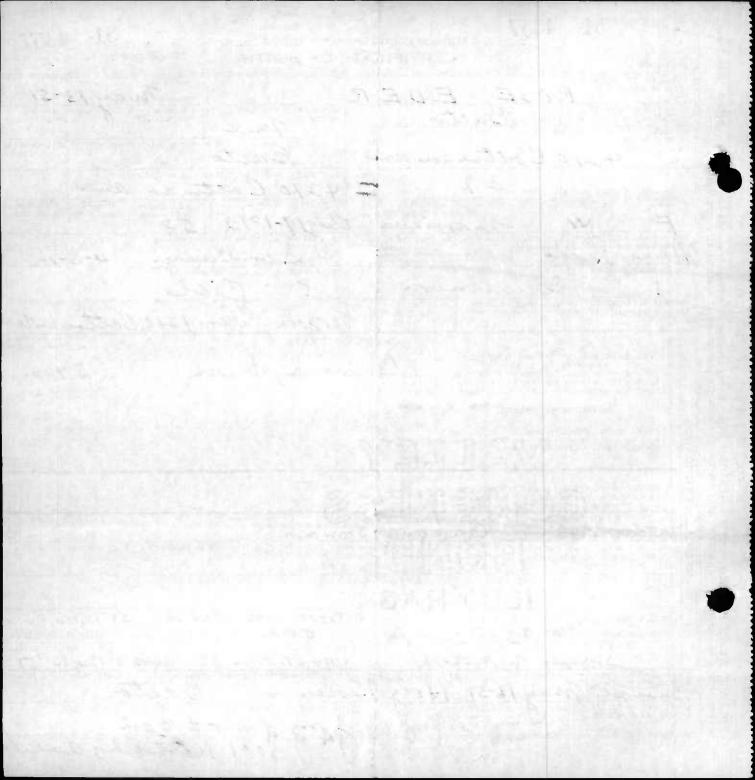
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# BALTIMORE CITY HEALTH DEPARTMENT

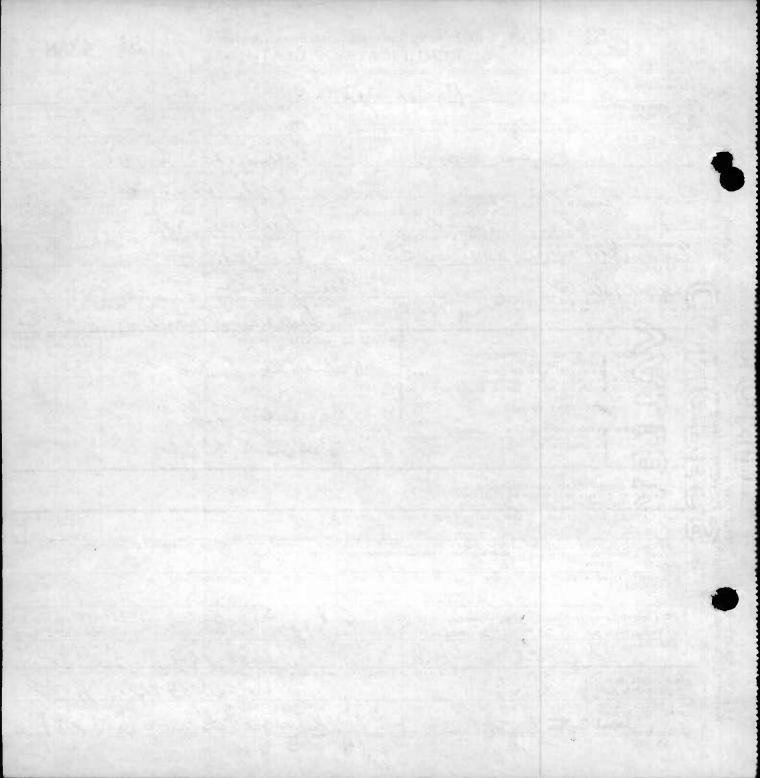
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3. PLACE OF DEATH: A. Baltimore City, Maryla	nd		4. USUAL RESIDENCE		nstitution : residence before admission
HOSPITAL OR	n hospital or institu	tion, give street address or		If outside corporate limits	write RIPAL and six
INSTITUTION /35	S. Boul	din St.	Baltem	ore 20	o-/O township
		Yrs. Mos.	D. STREET ADDRESS	f rural, give location)	Oct.
c. Length of stay in Baltin		Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   Il Under 24 Homs
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Bartender	n recired)	INDUSTRI	Balto.	mod.	WHAT COUNTRY
13. FATHER'S NAME	7/	1-1	14. MOTHER'S MAIDEN	NAME /	. 11
6 harles	West	rel	Hannah	H. Green	ville
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T C		(C)			
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deceased alive on S/1	2 , 1951		erred at Sils Am., from	the causes and on th	
23A. SIGNATURE	Shollass	Con -	23B. ADDRESS	and AVE	5/15/5/
24A. BURIAL CREMA- 24B.	DATE	245 NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, town,	
TION REMOVAL (Specify)	+ 16-51	Baltimore	Nat. bem. (	Balte.	Mod.
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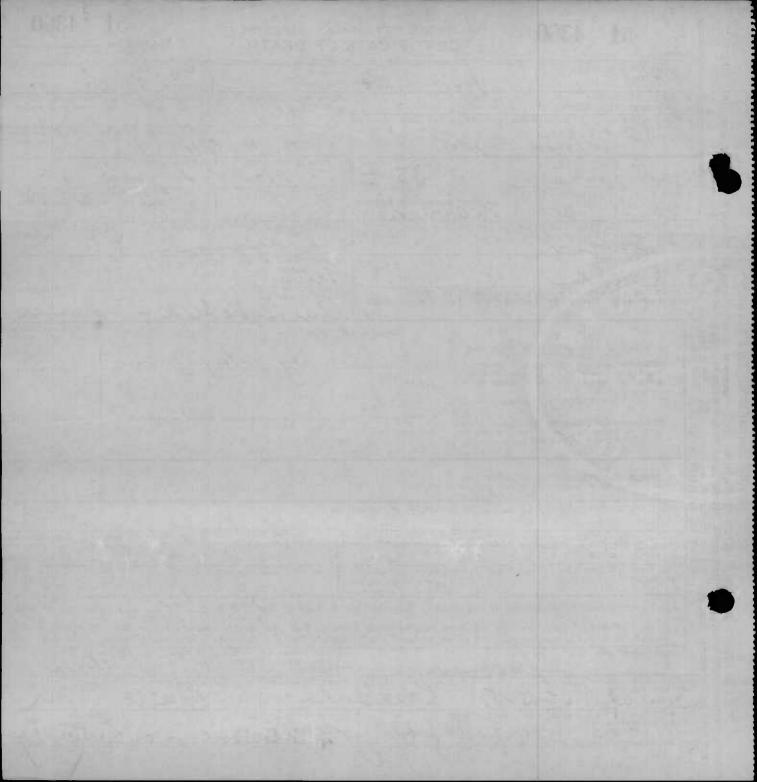
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dd A	. PLACE OF DEATH: . Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, If inst a. STATE B. COUNTY	itution: residence before admission)
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NG IS: D	UNDERLYING CONDITION LAST.	
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Phy	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or 21G. WHERE DID (If in Baltimore City, give Lying CAUSE OF DEATH)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or 21G. WHERE DID (If in Baltimore City, give INJURY OCCUR?)	exact location)
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ITE PI especia	deceased alive on 5/15, 1951, and that death occurred at 134m., from the causes and on the	
WRITE	rdward S. Kalling M.D. 1847 W. NORTH OV	5/15/5/
ASE ct ag	246/BURIAL, CREMA- 24B. DATE 24M NAME OF CEMETERY OR CREMATORY 24D. LOCATION City, town, or NEW LOCATION CITY, or NEW LO	County) (State)
PLEASE W correct age	DATE RECEIVED BY REGISTRAR'S SIGNATURE.	DDRESS P
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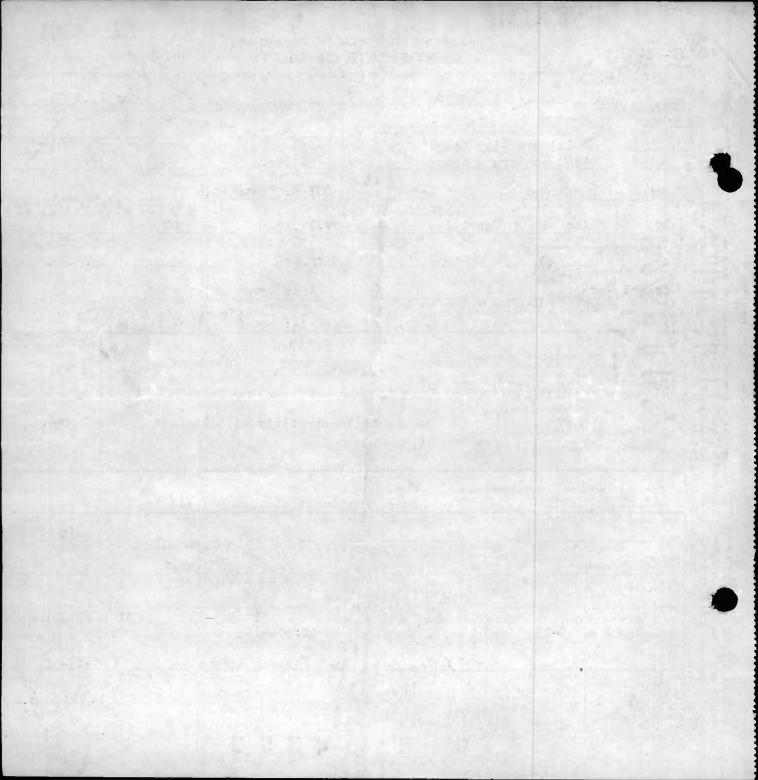
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

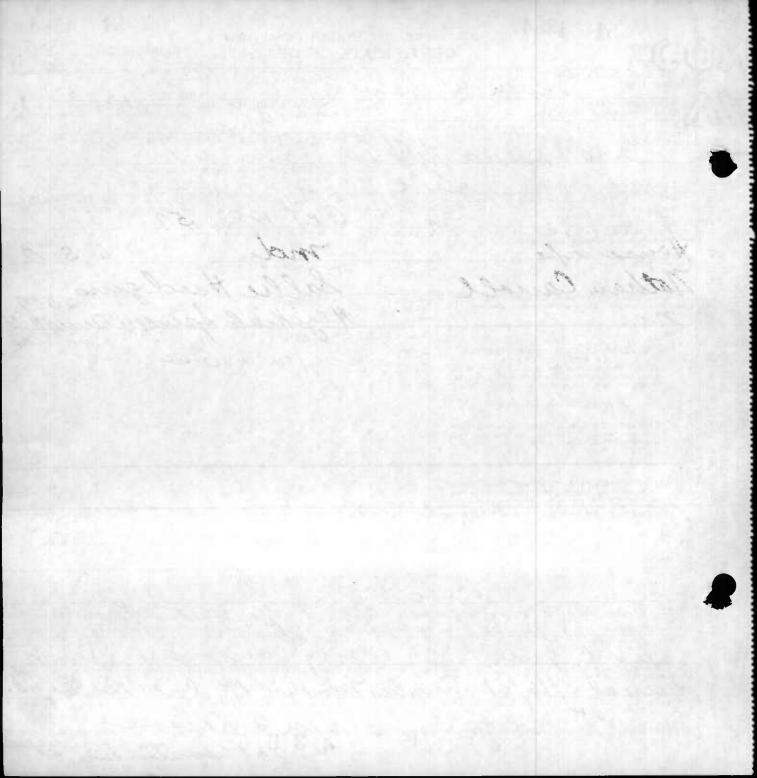
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			ohn Do	ran			DEATH M		3,1951
3. A.	PLACE OF D Baltimore (	City, Maryland B	alto.	Md.	4. USUAL RESID	ENCE (Whe	re deceased lived.  B. COUNTY	If instit	ution: residence before admission
B. 1	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or		land			
IN	STITUTION	Baltimore			C. CITY OR TOWN	V (If ou	tside corporate lir	nits, wri	te RURAL and give
3	1	4940 East	ern Ave	nue	Baltimor	e	21-	0.7	township
				Yrs. Mos,	D. STREET ADDR		al, give location)		
		tay in Baltimore		Life Days	801 W. Cr	oss St.			
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTI	H S	. AGE (In years	If Under 1	Year   H Under 24 Hours Days   Hours   Min.
	ale	White	Marri		Nov.19,1906		44	Months	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11, BIRTHPLACE (	State or fore	gn country)		CITIZEN OF
	otteler		Natio	nal Brewing	Maryland			1	WHAT COUNTRY
13.	FATHER'S	NAME		BREWERY	14. MOTHER'S MA	AIDEN NAM	E	1 (	.S.A.
	Michael	Doran			Anna Do				
15.	WAS DECEASE	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL					
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	OF INJURY		W	HILE AT NOT WHILE					
-			m.	WORK AT WORK					
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-	deceased al	ive on 5-13	, 19_51, c	and that death occur	red at 12:30am	., from the	causes and on		
	23A. SIGNAT	TURE ()	//	2	38. ADDRESS			230	C. DATE SIGNED
2.1	A BUSIAL C	70.	000	4C. NAME OF CEMETE	4940 Easter	n Avenue		15	-13-51
TIO	n. REMOVAL (S Ur la I	pecify)				24D. LOC.	ATION (City, tow	n, or cou	unty) (State)
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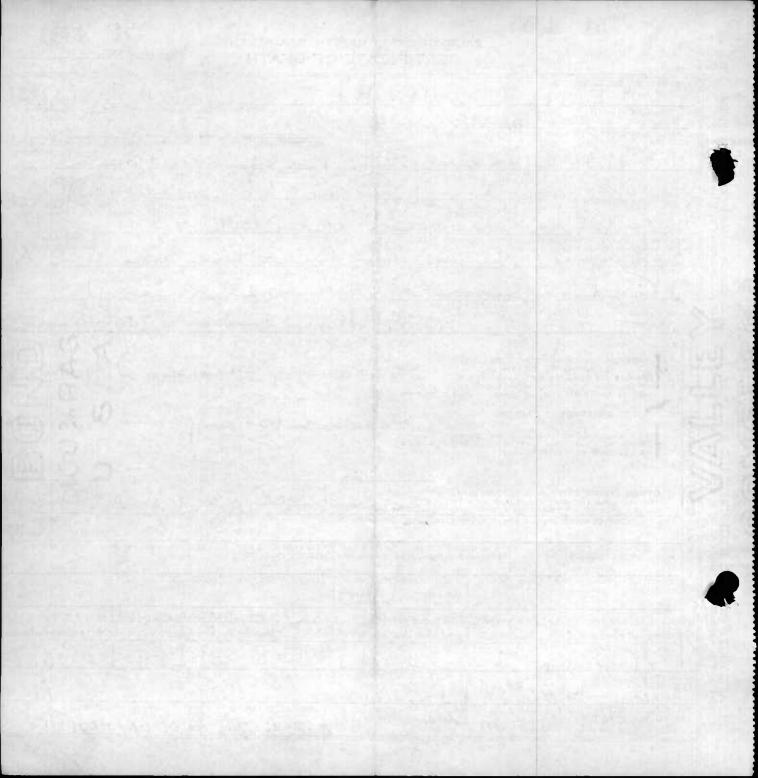
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE DEATH COUNTY before admission) township) 9. AGE (In years last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNT ADDRESS NTERVAL BETWEEN ONSET AND DEATH AUTOPSY 13. 195 that I last saw the 23c. DATE SIGNED

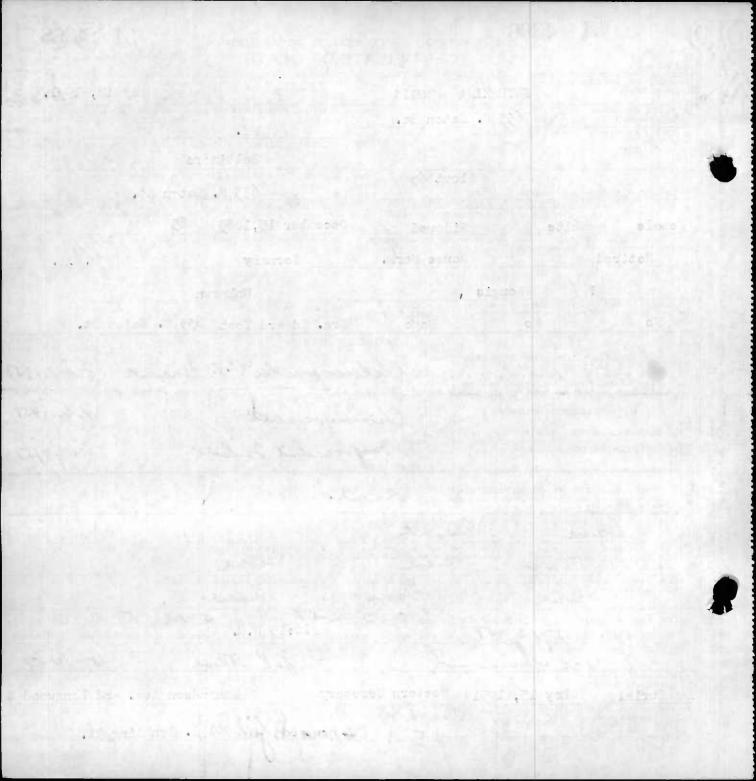
4. USUAL RESIDENCE (Where deceased lived, It anditution; residence A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or location) (If outside corporate limits, white RUHA), and give C. CITY OF TOWN D. STREET ADDRES (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE MARRIED 8. DATE OF BIRTH . SINGLE WIDOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10B. KIND INDUSTR' lon 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME (R+W) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY (Yes, no or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNF AL. UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from La deceased alive on May 12 195 and that death occurred at 2 from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIAL more DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE



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MARGIN RESERVED FOR BINDING	EASE WRITE P. IY, WITH UNFADING INK. Every item of information should be ca	rect age is especially important. Physicians: please write the causes of death clearly and legible,
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ВІ	522 RTH NO.	51 4366	BALTIMORE	CITY HEALTH DI		5. Registered	1 4366 No
	NAME OF DE		THARINA MENGIS	3		2. DATE OF May	12, 1951.
B. HC	PLACE OF DE Baltimore C FULL NAME O DSPITAL OR STITUTION	ity, Maryland 6	53 S. Eaton St.	A. STATE	Md. (If ou	B. COUNTY	f institution: residence before admission its, write RURAL and g
() c.	Length of st	av in Baltimore	About 65	Yrs. Mos. Days	Baltimo ADDRESS (If rui		-07
5. F	emale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORC	ED (Specify) 8. DATE O		AGE (In years	if Under 1 Year Ionths Days Hours M
work	A. USUAL OCC done during most of Retir			k. G	PLACE (State or force		12. CITIZEN OF WHAT COUNTY
13	. FAIRER S N			14. MOTHE	R'S MAIDEN NAM	31 31 32	
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or date)	FORCES?   16. SOCIAL SECUR None	ITY NO.	Unknow MANT Ward Yost		ADDRESS
ERTIFICATION	DISEASES RISE TO TH UNDERLY OTHER SI	OR CONDITIONS, IF ABOVE CAUSE (A) ING CONDITION LA  GNIFICANT CONDITION TO THE DEATH, BUT	FANY, GIVING STATING THE DUE TO ST. (C)	This beyon myracle	x Files	٤٠.	Pol 2 145
AL CE	TO THE DI	SEASE OR CONDITION		OF OPERATION			20. AUTOPSY
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home. (arm., factory, street, office bldg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or lying or lying) about home. (arm., factory, street, office bldg., etc.) INJURY OCCUR?						
Σ	21d. TIME () OF INJURY	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?					
	22. I hereby certify that I attended the deceased from 2 -2 -7 19, to 5-12, 151, that I last saw a deceased alive on 5+12, 197, and that death occurred at 10:15 m, from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS, 23C. DATE SIGNATURE						
TIC	A. BURIAL, CON, REMOVAL (SI Burial	REMA- 248. DATE May 15,  BY REGISTRAR:	1951 Wester	r Cemetery or Crem	ATORY 240 LOC	ATION (City, town	and Longwood
1	MAY 1515	59 "tutto	ANTO I INCOMEST	1. Chales	A Sul 901	S. Conklin	g St.
	VS 150						



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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

В	IRTH NO.		C	ERTIFICAT	E OF DEATH	Registo	ered No	)
1. (7	NAME OF D		a Bowie			2. DATE OF DEATH M	ay 1	13,1951
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland				A. STATE	CE (Where deceased li B. COUN	ved. If in	
H	FULL NAME OSPITAL OR NSTITUTION	1203 Myrt:		a, give street address or location)	Marylar c. CITY OR TOWN Baltimore			write RURAL and give
C	Length of st	tay in Baltimore	460	Yrs. Mos. Days		If rural, give location of the st. Av		
5	sex emale	6.COLOR OR RACE	7. SINGLE, WIDOWEL	MARRIED, D. DIVORCED (Specify)	July 15, 187	9. AGE (ln ye	ars NU y) Mon	nder I Year   H Under 24 Hours ths: Days   Hours   Min.
10	DA. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta		. 1	2. CITIZEN OF WHAT COUNTRY
1:	COOK B. FATHER'S N	IAME		Resti	Maryland 14. MOTHER'S MAID	EN NAME		U. S. A.
-		s Bowie			Sallie Sco	ott		
(Ye	es, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Toulon		DRESS Myrtle Av
EDICAL CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D		TH  of dying, e.g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED N CAUSING IT.  198. MAJOR F	(A)	0	we Card Disense contary by	et.	20. AUTOPSY? YES NO Ve exact location)
2	210. TIME (OF INJURY)  22. I hereb deceased all 23A. SIGNAT	Velylus CREMA-1 24B. DATE	shout bome, farm ) (Hour) 21 m. WH tended the de 1954. an	e. INJURY OCCURE  ILLE AT NOT WHILE AT WORK  eceased from ad that death occu  M. O.  C. NAME OF CEMETI	red at 1:30 mPf	to No. 13 rom the causes and	, 1951, on the	that I last saw the date stated above 23C. DATE SIGNED or county) (State)
-	ON REMOVAL (S Burial ATE RECEIVE		A S SIGNATUR	rbutus Mem	Park 7.5. FUNERAL DIREC	Baltimore (		Md. ADDRESS
1 L	OCAL REGIST	951 remit	water 14	haus Mall	March ares	es Chotoes	eale	W. Biddle o.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	NAME OF E		h Tolson		OF May	13,1951
	Baltimore	City, Maryland		4. USUAL RESIDENCE A. STATE		
B. HC		OF (If not in hospit	al or institution, give street address or location)	Maryland c. CITY OR TOWN Baltimore	(If outside corporate limi	ts, write RURAL and give township)
1	10	TOOK N. B	Yrs.	D. STREET AODRESS	(If rural, give location)	
C.	Length of s	stay in Baltimore	Mos. Days	1532 N. Mo		
5.	sex emale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  June 2.1885		II Under 1 Year on the Days Hours Min.
10	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13	FATHER'S			Virginia 14. MOTHER'S MAIDEN	NAME	U. S. A.
	West	ley Green		Unknown		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?   16. SOCIAL service)   SECURITY NO.	17. INFORMANT		AODRESS
(200	, no or unanown,	(17 300) 8510 Wat 01 0000	SECURITY NO.	Mrs Gertrude	Smith 1532	N. Monroe St
	OISEA (This doe heart fail	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, ct. It mee complication which	DIRECTLY TH of dying, e. g., uns the disease.	OF DEATH	of Rolling	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO UNDERL	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L  II SIGNIFICANT COND	F ANY, GIVING STATING THE DUE TO	nyeall,	Sunt	9
CE	TO THE	G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING IT.			
AL	19A. DATE	OF OPERATION 1	98. MAJOR FINOINGS OF OPER	ATION		YES NO
EDICA	21A. ACCIO HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF INJURY (e. g., i aboot home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		URY OCCUR?	•
	22. I hereby certify that I attended the deceased from I, 1851, to					
	23A. SIGNA	116/11		3B. ADDRESS	alen He	23c. DATE SIGNED
2.4 TIC	A. GURIAL. ON, REMOVAL (	CREMA- 24B. DATE Specify)	24C/NAME OF CEMETE		. LOCATION (City, town	
Bu	rial	5-16-			altimore Co.	, Md.
1	ATE RECEIVE	REGISTRAR	s SIGNATURE	Mastanees C	7/1.	Address 578 W
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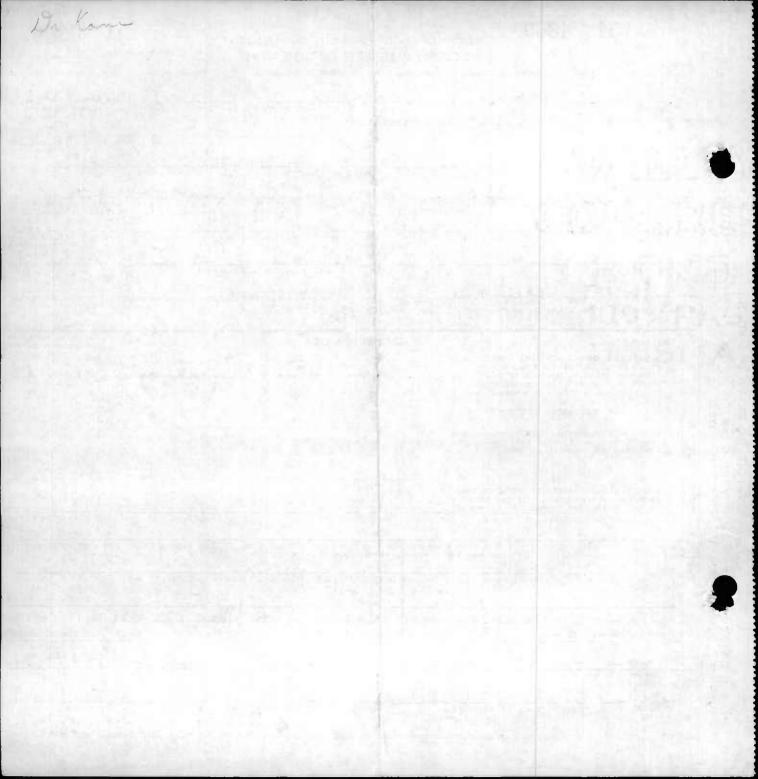
51 4369
Registered No.
2. DATE OF DEATH Where deceased lived If institution: residence B. COUNTY before admission)
outside corporate limits, write RURAL and give township)
rura Myive location) Que 7-0/
9. ASE (in year)   N Under I Year   II Under 24 Hours   last hirthday)   Months Days   Hours Min.
oreign country) 12. CITIZEN OF WHAT COUNTRY?
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INTERVAL BETWEEN ONSET AND DEATH
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20. AUTOPSY?
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he causes and on the date stated above.
23c. DATE SIGNED 5-14-51 OCATION (City, town, or county) (State)
Alle - Balta Ml.
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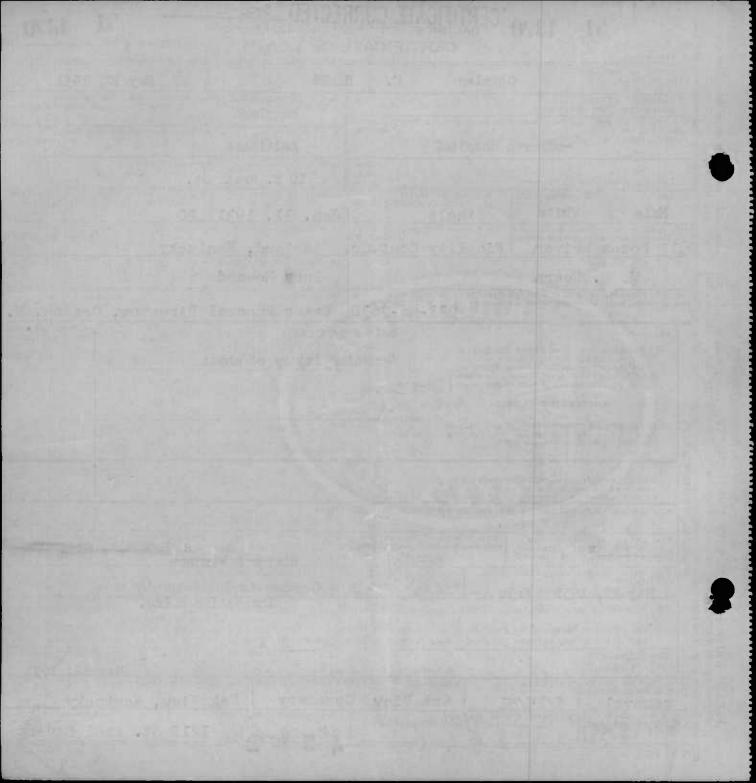
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	51 4371 BALTIMORE CITY HEALTH DEPARTMENT   51 4371					
	BIRTH NO. C - 200 CERTIFICATE	E OF DEATH Registered No.				
	1. NAME OF DECEASED Fred W.Cook	2. DATE OF May 13				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)				
	B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL ORCHUTCH Home & Hospital location)  Broadway of Fairmound	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	c. Length of stay in Baltimore 2 month. Mos. Days	D. STREET ADDRESS (If rural, give location)				
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOW DIVORCED (Specify)	8. DATE OF BIRTH  May 17 F & Sage (In years)  Months: Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work dooe during most of work log life, even if retired)  Self Employed INDUSTRY	Maryland   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
	George Cook	14. MOTHER'S MAIDEN NAME Schultz				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onkowe) (If yes, give war or dates of service) None   16. SOCIAL   SECURITY NO.   None	17. INFORMANT / Patien ADDRESS				
4	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  Pulmonary Embolus  (A)  Pulmonary Embolus  (B)  DUE TO  (B)  Throm bo Phile Latts  (C)  OTHER SIGNIFICANT CONDITIONS CON-					
	OTHER SIGNIFICANT CONDITIONS CON- HI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER					
	21A. ACCIDENT. SUICIDE.  ADMICIDE (Specify)  21B. PLACE OF INJURY (e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, factory, street, office bldg., e.g., id. about home, farm, fact	o or   21c. WHERE DID (If in Baltimore City, give exact location)				
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY  m. WHILE AT WORK AT WORK					
	22. I hereby certify that I attended the deceased from \$ 500, 1901, to \$ 100, 1901; that I last saw the deceased alive on Mon 13, 1901, and that death occurred at \$ 500m, from the causes and on the date stated above.					
	23A. SIGNATURE Kirk Moore M.D. Churk forme- Horher 23c. DATE SIGNED					
	Burial May 16,1951 Jacksonville					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	John Burns' Sons, Towson, Maryland				
	vs 150 9 5 690	31,363 51B				

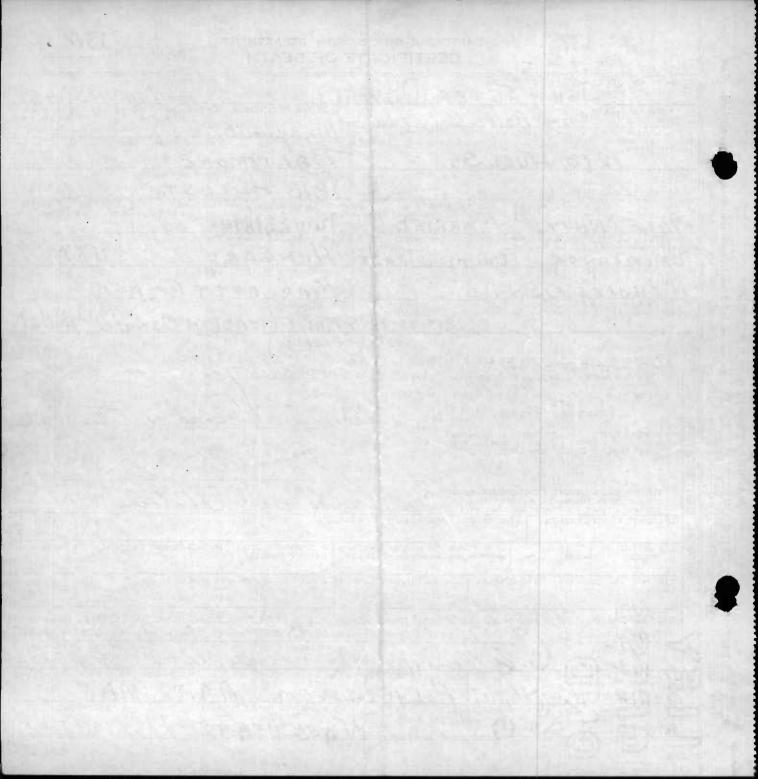
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51 Registered	A No_	372	2	
DATE OF DEATH MA Geceased lived, I B. COUNTY	f #nsti	tution : befo	resider re admi	ission)
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AGE (In years ast birthday) M	II Under	1 Year	If Under	24 Heurs Min.
country)		WHAT	COUN	NTRY?
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(If in Baltimore Clty, give exact location

Laffin., from the cluses and on the date stated above, 23c. DATE SUGNED

ADDRESS



	51 (13/1) = 1	E OF DEATH Registered No.			
	I. NAME OF DECEASED (Type or Print)	2. DATE OF 00 01/12 1051			
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY before admission)			
	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Institution)				
·	3) Murry Hospital	Galleniore 18			
n Sa	c. Length of stay in Baltimore life (47 yes Mos.	D. STREET ADDRESS (If rural, give location)			
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year /If Under 24 Hours			
2 11-	temale white mesked	aprel 5, 1904 47			
	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even it retired) INDUSTRY	Ballimer 'Mal 12. CITIZEN OF WHAT COUNTRY'S			
0 H	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
_ lear	Wellesm T. Slaven	annes ne la			
o o	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
- Ises	no-	191.			
Cal	DISEASE OR CONDITION DIRECTLY	OF DEATH			
rue	(This does not mean the mode of dying, e.g.,	remonstosis abdonum?			
rice	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	(over)			
2	ANTECEDENT CAUSES				
leas	DISEASES OR CONDITIONS, IF ANY, GIVING				
id :s	CINDERCTING CONDITION LAST.				
la la	OTHER SIGNIFICANT CONDITIONS CON-				
<u> </u>	TRIBUTING TO THE DEATH, BUT NOT RELATED				
,	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?			
ame	7 7 5, 1951 Generalized Carcin  21a. CCIDENT WAS UNDER  LYING OR CONTRIBUTING  21b. PLAG OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or   21c. WHERE DID (If in Baltimore City, give exact location)			
		in or 21c. WHERE DID (If in Baltimore City, give exact location)			
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?			
dily	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from may 3, 1951, to may 13, 1951, that I last deceased alive on may 13, 1951, and that death occurred at 5:10 Pm., from the fauses and on the date state					
G G	deceased alive on May 13, 19 5% and that death occur	rred at 5:10Pm., from the causes and on the date stated above			
מ	Philip W. Deuman	Mercy Haspital May 13, 1951			
20 2	24A. BURIAL, CREMA- TION, REMOVAL (Specify)				
Liec	BURIAL 5/17/51 CATHEDRA	L CEMETERY   CITY			
2	BURIAL 5/17/51 CATHEDRA DATE RECEIVED BY PEGISTRAR'S SIGNATURE LOCAL REGISTRAR MAY 15	WIEDEFELD & SON on.			
	VS 150	GREENMOUNT AVE & 22ND			

Autops and pathology report: Dx. Abdominal sarcomatosis. Primary site undeter ined possibly ganclionic (The growth involved omentum, mesenter, peritoneum, pancreas, capsule of liver, ovary and the serosa and muscular layers of bowelf but not mucosa) neurosarcomatous type with origin in coeliac plexus.

See Document File 51-4373

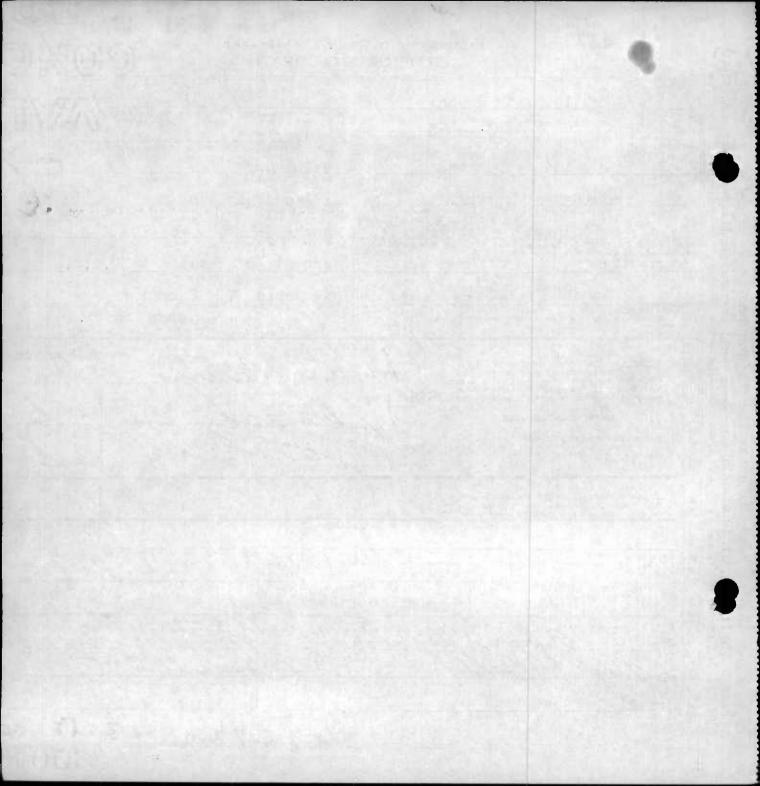
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	51 4374 BALTIMORE CITY HE	EALTH DEPARTMENT 51 43	74
	F / 9/ CERTIFICATI		0
1	. NAME OF DECEASED	2. DATE	
	Type or Print)  ANN M. FRAZIER	OF DEATH 5/1	2/51
	B. PLACE OF DEATH:  B. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deccased lived. If in a. STATE B. COUNTY	nstitution: residence before admission)
1	FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		write RURAL and give
1	1504 McCulloh Street	BALTIMORE	township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	1.1
-	Length of stay in Baltimore 4yrs Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1504 McCulloh St.	Under 1 Year   If Under 24 Hours
	F C Married (Specify)		Under 1 Year If Under 24 Hours the Days Hours Min.
1	OA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
WC	Seamstress Dressmaker INDUSTRY	Frederick, Md.	WHAT COUNTRY
T	3. FATHER'S NAME e LUSHING	14. MOTHER'S MAIDEN NAME	
-	Ralph Thomas	Marie	
0	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (es, no or unknown) (If yes, give war or dates of service) (16, SOCIAL SECURITY NO 220-16-0979)	Linwo od Frazier(H)1504	McCullah (
-	I SO CAUGE	OF DEATH ) 5	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Lutestinal intestan	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	- On usin at office	elvon /
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
S	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		*****
TAN	UNDERLYING CONDITION LAST.		******
ī			
FOL	OTHER SIGNIFICANT CONDITIONS CON-		A LITTLE OF
1		RATION	20. AUTOPSY?
IAC			YES NO
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., a	n or 21C. WHERE DID (If in Baltimore City, gi	ve exact location)
1	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
	m. WHILE AT NOT WHILE		-1
	22. I hereby certify that I attended the deceased from G		, that I last saw the
	deceased alive of 1, 19 5, and that death occur	red at 7.45P. From the causes and on the	e date stated above.
		413 Same Hell W	May 14-5
Ť	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		or county) (State)
-	Burial 5/16/51 St. Johns C	emetery Frederick, Md.	ADDRESS
	DATE RECEIVED BY REGISTRAR'S SIGNATURE.	Charles G, Cooper-512 Ca	rrollton Ar
=		A 3 0 0	
İl	VS 150	9	12213

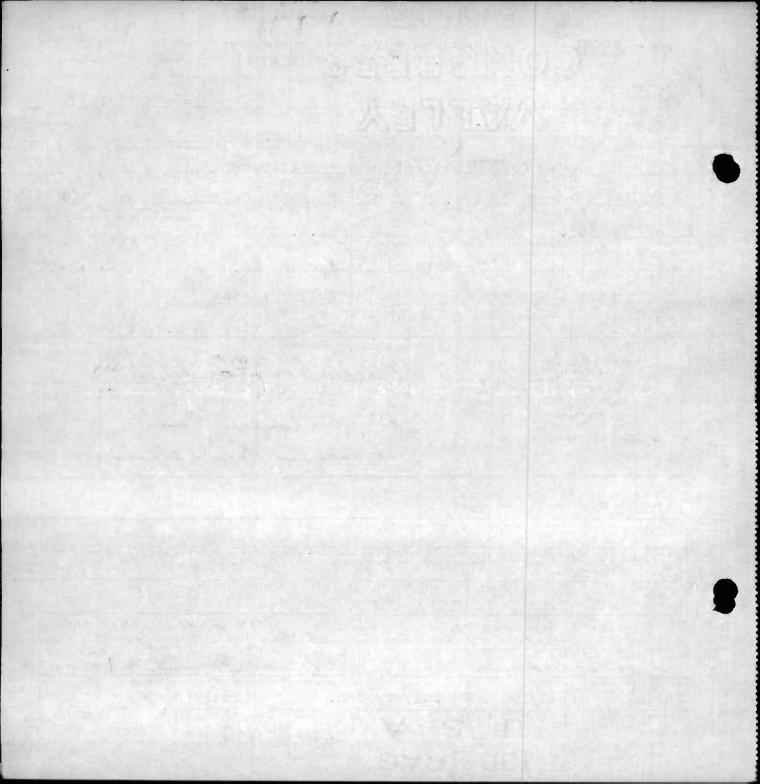
SERVICE STATES Hay Alamana and the Princes of Sec. month many all 7 Last 2 programs are lowered and the program of the contract of the contract of the contract of in the latest the control of the second seco

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51 4375 BALTIMORE CITY HE	EALTH DEPARTMENT				
BIRTH NO. P-240 CERTIFICATI	E OF DEATH Registered No.				
1. NAME OF DECEASED	2. DATE OF				
Hattle Smith Russel	DEATH 5/12	2/1951			
3. PLACE OF DEATH:  A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or					
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, w	vrite RURAL and give			
39 Provident Hospital	Baltimore				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	10.11.			
c. Length of stay in Baltimore 25 yrs Days  5. SEX   16. COLOR OR RACE   7. SINGLE, MARRIED.	1717 McKean Avenue	at I Very 1 M Hades 24 Haves			
WIDOWED, DIVORCED (Specify)	last birthday)   Month	Bays Hours Min.			
Female Colored Married  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	March-I8-I908 43	9 9			
work done during most of working life, even if retired) INDUSTRY		WHAT COUNTRY			
Housewife   At Home		S.A.			
	14. MOTHER'S MAIDEN NAME				
Samuel Hall	Annie Boardley				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Annopliand	MESS.			
No	Helen Rawlings 014 Centra	1 St.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	this Hillalus the arisfui Come yearly Failer	2 day			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   20. A					
YES NO					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e		exact location)			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I getended the deceased from 5 - 10, 1957, to 3 - 12, that I last saw the					
deceased alive on 4 4. 219 51, and that death occur					
		23c, DATE SIGNED			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   24D. LOCATION (City, town, or	county) (State)			
Burial 5/15/1951 Arbutus Men	Park Baltimore Md				
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	DDRESS			
LOCAL REGISTRAR	Flanz Alla land low R	retter so			



	AOMO BALTIMORE CITY HE	EALTH DEPARTMENT	51	4376
	51 4376 BALTIMORE CITY HE CERTIFICATI		Registered No.	
	NAME OF DECEASED		2. DATE	
	ype or Print)		OF _ /== /=	DET
3.	DI LOS OS DELANIA	1 4. USUAL RESIDENCE (W	here deceased lived. If Inst	itution; residence
Α.	Baltimore City, Maryland Balto. City	A. STATE	B. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
0	24 South Carlton Street	Baltimore		
c.	Length of stay in Baltimore 73 Yrs.  Days  Yrs.  Mos.  Days	D. STREET ADDRESS (If r		18-03
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years it Undo last birthday) Months	1 Year   If Under 24 Hours
M	ale Col. Widowed	Feb.5.1876	7.5	Days Hours Mill
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12.	CITIZEN OF
	Adone during most of working life, even if retired)  Laborer In General		7.7	WHAT COUNTRY
	Laborer   In General	Harmond Md		S.A.
	Fichard Thomas	Julia Thomas		
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. s. no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT	ADDF	RESS
	No	Elenor Bowley	24 S. Carlto	n St
FICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	fortener	Cudis!	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
J	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL			PLANE SERVER	YES NO
MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, ferm, factory, etreet, office hidg., c		in Baltimore City, give	exact location)
-	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURB	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK			
			- // 104-/-	2
	22. I hereby eertify that I attended the deceased from	, 199 /, to 3	- // , 19 <b>5</b> /, ti	nat I last saw the
	deceased alive on, 195_f, and that death occur	erred at		late stated above. 3c. DATE SIGNED
	Ang 11 . Va.	803 W. 71		5-14-5/
TI	M. D.    A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE  DUTIAL Specify 5/15/1951 MT Calvery Co	RY OR CREMATORY 24D. LO	CATION (City, town, or cklyn KL	
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE DOCAL REGISTRAR'S	25 EUNERAL DIRECTOR		Brankly
	VS 150		,	tup
1			1	ala.



	USIN AVE
51	4377
IRTH NO. U	0-32
. NAME OF D Type or Print)	eceased Ja
. PLACE OF D . Baltimore (	EATH: City, Maryla
FULL NAME IOSPITAL OR INSTITUTION	OF (If not
O Bar W	illa ba
. Length of s	tay in Balti
emale	Col.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4377 Registered No.

1. NAME OF	()				2. DATE	
, , ,	Janni	e Or J	anie Watkins		DEATH MAY	-I0-I95I
3. PLACE OF	DEATH: City Maryland T	2-7+0	0:4	4. USUAL RESIDENCE	(Where deceased lived.	If institution: residence before admission)
B. FULL NAM	E OF (If not in hosp	ital or institut	City ion, give street address or	Marylar		berore admission)
HOSPITAL O	R		g Lane location)		(If outside corporate lir	nits, write RURAL and give
	Willa ba Ho	and the same of th	_	Baltimore (	11 127	township)
	11443	1110 220	Yrs.	D. STREET ADDRESS	(If rural, give location)	
c. Length of	stay in Baltimore	OF Vma	Mos. Days	TANO Modios	·	14-02
5. SEX	6. COLOR OR RAC	7. SINGL	E. MARRIED.	1628 Madigo	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
		WIDOW	VED, DIVORCED (Specify)	N 05 T005	last birthday)	Months Days Hours Min.
emale 10A. USUAL	COl.	Marr	OF BUSINESS OR	Now 25 1900		
rork done during m	ost of working life, even if retire	d)	INDUSTRY		or foreign country)	WHAT COUNTRY
Housewi		At Ho	me		ia.	U.S.A.
IS. FAIHER S	NAME			14. MOTHER'S MAIDEN	NAME	
FI	ex Clark			Janie	Burton	
15. WAS DECE	ASED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			SECONTI NO.	Ballie Gantt	I628 Madis	on Ave
18. 14	Yrx.		CAUSE	OF DEATH	-020 110020	INTERVAL BETWEEN
1	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH
(Fb: 1	LEADING TO DE.	ATH	aston	oselerotie car	0.0 0.	100-
heart fa	ilure, asthenia, etc. It me	eans the diseas	ie,		vas curu	N 18 711/2:
injury	or complication which	caused death	.) DUE TO reu	al disease.		
	ANTECEDENT CAL	JSES		Cac - Con Cong		
Z			(B)	***************************************	*****	
RISE TO	SES OR CONDITIONS, THE ABOVE CAUSE (A	) STATING TH				
UNDER	LYING CONDITION	AST.	(C)			Aug
						***************************************
E OTHER	II CON	NITIONS				
TRIBUTI	SIGNIFICANT CONT	T NOT RELATE	ED			
U TO THE	DISEASE OR CONDITIO				<u></u>	
J 19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7
3	155115 11116 11116	1 21a DI	ACE OF INJURY (e. g., i	n or   21c. WHERE DID	(Ye in Palainon Cia	YES NO U
LYING	IDENT WAS UNDER- OR CONTRIBUTING [ F DEATH		farm, factory, street, nffice bldg.,		(II in Baltimore City	r, give exact location)
	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
OF HAJOR		m.	WHILE AT NOT WHILE			
00 7 1	1			61 1050	4.1//	<i>C</i> /
				86-1950, 19, to		S, that I last saw the
	alive on 10 MG	, 195/		rred at 10 4. m., from	m the causes and on	
23A. SIGN	IATURE	8 60	2	3B. ADDRESS	. 0	23C. DATE SIGNED
	rung	0.00	W , M. D.		on (Ave)	5.14.51
24A. BURIAL TION, REMOVAL	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, tow	vn, or county) (State)
Burial	5/15/	TOSI	Mt Calvery	Cem. Br	poklyn Md.	
DATE RECEIV	ED BY   REGISTRAL	R'S SIGNATU		25 AUNERAL DIRECTO	R	ADDRESS
EUCAL REGI	HARIC			Elamon Jal	ilson 1000	Beauty
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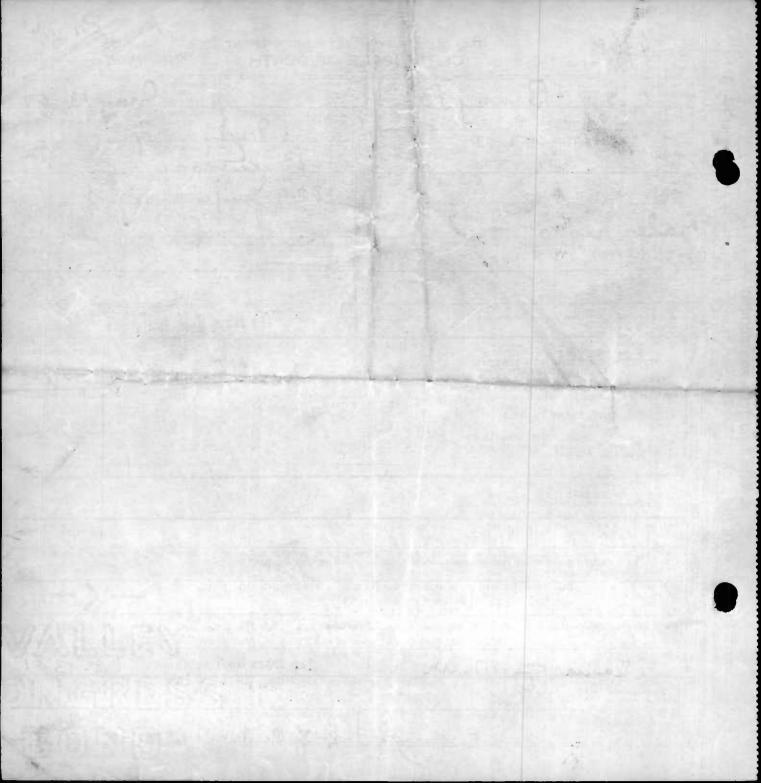
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51-4378 com
BIRTH NO.
1. NAME OF DECEASED (Type or Print)
3. PLACE OF DEATH: A Baltimore City, Maryland

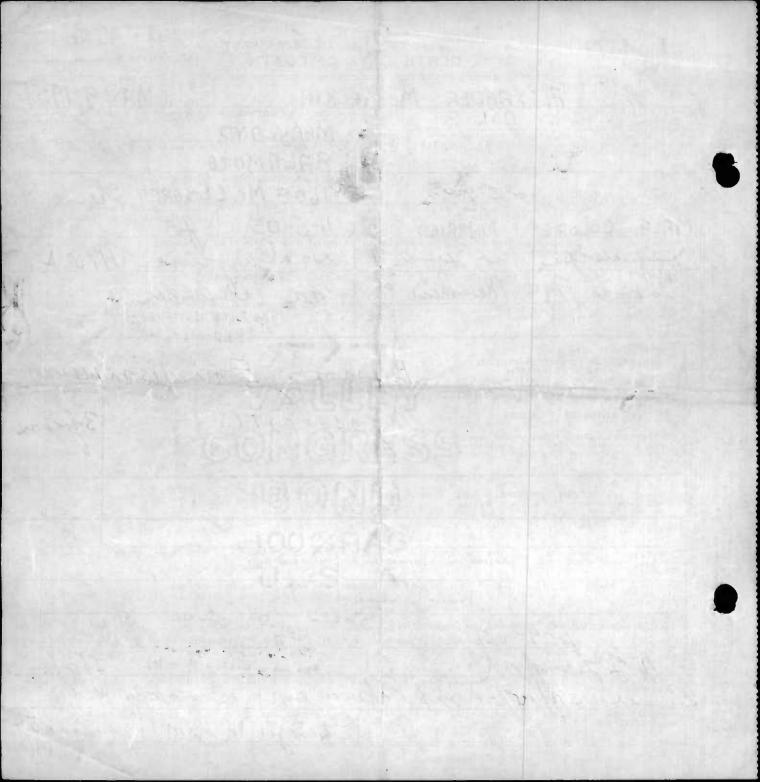
	51-	4	3	7	8	
ristored	No					

BALTIMORE CITY HEALTH DEPARTMENT Registerea CERTIFICATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If inclution : residence Balto City A. STATE B. COUNTY The Johns Hopkins Hospital location) B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION _ township) Baltimore 5, Md. more Yra. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Yrs Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 9. AGE (in years 1 Under 1 Year | H Under 24 Hours last birthday) Months Days Hours Min. 8. DATE OF 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) V (Givekindof) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Laborer Wilmington 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bess Hannah Louis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. (Yes, no or unknown) The Johns Hopkins Hospital 18. Baltimore 5. Md. INTERVAL BETWEEN CAUSE OF DEATH 30 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICA 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from_ 19. 1to_ ., 19___, that I last saw the and that death occurred at A deceased alive on 19_ m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED The Johns Hopkins Hospital LAULES 24C. NAME OF CEMETERY OR CREMATORY 1 24B OCATION (City, town, or county) 24A. BURIAL. CREMA-TION REMOVAL (Specify) Arbutus Mem. Park. DATE RECEIVED BY REGISTRAR'S SIGNATURE UNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



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MARGIN RESERVED	Y, WITH UNFADING INK.	Physicians: please write
	Y, WITH	rrect age is especien, important.
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	SE	32
	PLEASE WRITE PI	correct

51 4379 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered	4379 1 No
1. NAME OF DECEASED  ALEXANDER  MC MECKIN  2. DATE OF DEATH OF DEATH  3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF HOSPITAL OR HOSP	before admission)
Baltimore 5, Md.  Yrs.  D. STREET ADDRESS (If rural, give location)	nits, write RURAL and give township
MALE COLORED MARRIED B. DATE OF BIRTH 9. AGE (In ) last birthday)  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACED State or foreign/wymtry)	H Under I Year Months Days Hours Min.
13. FOHER'S NAME MC Necking Indiana 14. MOTHER'S MAIDEN DAME	MWHS COUNTRY!
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANTRE Johns Hopkins Hos Baltimore 5, Md.	
ODISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A)  Pu/mon 2 y Embo/15	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) M9 0 C 2 7 2 1 7 1 5  (B) M9 0 C 2 7 2 1 7 1 5  (C)	3 year
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITIONS CON-	
19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 21a, ACCIDENT WAS UNDER: 21B, PLACE OF INJURY (e.g., in or 1.21c, WHERE DID (If in Bultimore City	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  m. WHILE AT NOT WHILE AT WORK	
deceased alive on 3 - 9 , 1951, and that death occurred at 1957, to 5 - 9 - , 1951, to 3 - 9 - , 1951, and that death occurred at 1951, from the causes and on	5/, that I last saw the the date stated above.
23A. SIGNATURE  A 23B. ADDRESS  M. D. Pho labor Hornital	23c PATE SIGNED
24A. BURIAL CREMA- 24B. DIE 1240-NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City town REMOVAL (Specify) 5/1/5/71/71/00/2004/9 Och Besch	y my (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE CONTINUES OF THE PROPERTY OF THE	DO Branty
Vs 150	93E 000



	51 4380 BALTIMORE CITY HEALTH DEPARTMENT					
	BIRTH NO. T 650 CERTIFICATE OF DEATH Registered No.					0
1. NAME OF DECEASED  (Type or Print)  2. DAT					OF DEATH NAME	141951
		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (		
	В.	THE MARKET OF Mant in homital or	r institution, give street address or	11/10	V -	4.5
1		STITUTION	Johns Hopkins Huspin	C. CITY OR TOWN	If outside corporate limits	, write RURAL and give township
DIS	U	4 662	Baltimore 5, Md. Yrs.	- mangan	f rural, give location)	
legibly	c.	Length of stay in Baltimore	Mos. Days			
y and	5.	male White 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours this Days Hours Min.
clearly	10 work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	13	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
death		Edward 7 ha	nn	many	Hunker	
OI	Yes (Yes	. WAS DECEASED EVER IN U.S. ARMED FO (If yes, give war or dates of s	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	-	DRESS
causes	_	10			ohns Hopkins Hos	
ca		DISEASE OR CONDITION DIR			Baltimore 5, Md.	ONSET AND DEATH
the		(This does not mean the mode of dy	ring, e.g., (A) JAA	vition		1+ who
write		heart failure, asthenia, etc. It means the injury or complication which cause	he disease, ed death.) DUE TO			
		ANTECEDENT CAUSES	11/000	ative colitis		. 10
please	NOIT	DISEASES OR CONDITIONS, IF AN	IY, GIVING	Alive Colitis	XMIIKOCEARC	MARA LOY
		RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.				(over)
lans	FIC		(0)		•••••••••••••••••••••••••••••••••••••••	
Physicians:	CERTI	OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OF CONDITION CA	RELATEO			
			MANOR FINDINGS OF OPER	ATION / . / .		20. AUTUPSYT
tant	EDICAL	21A. ACCIDENT WAS UNDER 1	21B. PLACE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City, g	yes No ve exact location)
important.	MED	LYING OR CONTRIBUTING ab	out home, farm, factory, street, office bldg.,	INJURY OCCUR?		
of INJURY  m. WHILE AT NOT WHILE  AT WORK  22. I hereby certify that I attended the deceased from 4-30 151, to 5-14, 191, that I las						
					the savere and on th	, that I last saw the
1S es		23A, SIGNATHAE	11. In that again occur	38. ADDRAS Johns Hop	ikins Hospital	23c. DATE SIGNED
age	2.4	A. BURIAL, CREMA- 248, DATE	Central M.D.	RY OR CREMATORY (245.	5 Md	5-14-07
	TIO	N, REMOVAL (Specify)	5/ SERVICE OF CEMETE	17	f 1	or county) (State)
correct	DA	TE RECEIVED BY   RESISTRAR'S S	IGNATURE MAN CO	25. FUNERAL DIRECTOR	egan honon	ADDRESS
00	LC	CAL REGISTRAR	51000	Howard To	· Huphan	PILLE
151951 5 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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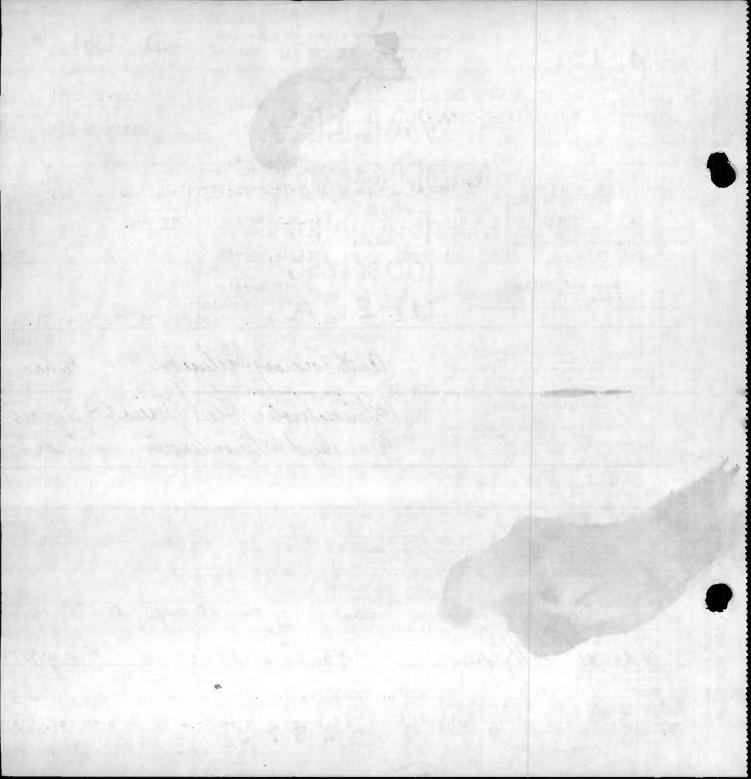
For Statistical purposes:

No mention of carcinoma in autopsy See Document File 51-4380 6/12/51

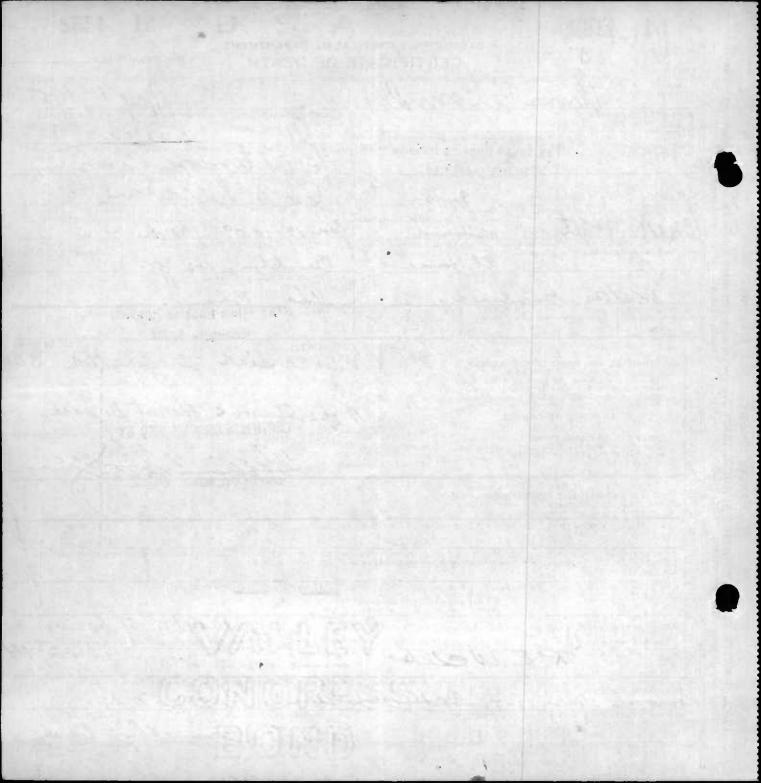
BALTIMORE	CITY	HEALTH	DEPARTMENT
4 CEDIL	TICA	TE OF	DEATH

Registered	438	1
8	2.0.	

	BIRTH 50 4381 1-140 CERTIFICATE	E OF DEATH Registered No. 81		
	1. NAME OF DECEASED	2. DATE		
	(Type or Print) SALEEM JeBAILY	OF DEATH May-15-1951		
11	3. PLACE OF DEATH: A. Baltimore City, Maryland 119-N-Carey-St.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence		
1	B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE  B. COUNTY before admission)  Maryland  Baltimore City		
	HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
-	(at home)	Baltimore		
1	c. Length of stay in Baltimore 7 Years Mos. Days	D. STREET ADDRESS (If rural, give location)  119-N-Carey-Street.		
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months: Days Hours Min.		
-	Male White Widowed  10A USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR	May-9-1874 77 yrs.		
1	vork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
-	retired Watchman  13. FATHER'S NAME	Alleppo, Syria		
	Petrus JeBaily			
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 SOCIAL	Zarif Mardiny  17. INFORMANT Daughter: ADDRESS		
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Agnes T. Singleton 119 N. Carey St.Cit		
1		DE DEATH INTERVAL BETWEEN		
		ONSET AND DEATH		
	CThis does not mean the mode of dying, e.g.,  heart failure authoris at a It manns the disease.  (A) Quite Coronary Occurrence  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  heart failure authoris at a It manns the disease.			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES OF A Alex &			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) UNUNDERLYING UNDERLYING THE DUE TO  OUT TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
	(c)fluer	suge uneunculous geals		
1	OTHER SIGNIFICANT CONDITIONS CON-			
-11	TRIBUTING TO THE GEATH, BUT NOT RELATED			
	TO THE DISEASE OR CONDITION CAUSING IT.	ATION   20. AUTOPSY?		
	N N N N N N N N N N N N N N N N N N N	YES NO		
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et			
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?		
	m. WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from on 19th, to 15 lung, 1951, that I last saw the			
	deceased alive on 14 May, 1951, and that death occurred at 12 Am., from the eauss and on the date stated above.			
		3B. ADDRESS 23C. DATE SIGNED		
-	24A/BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	138 Kushu Wal 10 May 1951		
	TION REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)		
-	Burial  5/18/51  St. John's Brood Date Received by   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS		
	LOCAL REGISTRAR			
:	VS 150	Stewart & Mowen Co 108 W. North Ave., City		
	VS 150	927		



- 11		51 882	51	4382
		CERTIFICATI	EALTH DEPARTMENT  E OF DEATH  Registered No.	)
	1.	NAME OF DECEASING type or Print)	2. DATE OF	1419.
		PLACE OF DEATH: Baltimore City, Maryland	4. USOA RESI ENCE (Where deceased lived if in B. COUNTY	stitution: residence before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR STITUTION  The Johns Hopkins Hospital ocation)	c. CITA OR TOWN (If outside corporate limits,	
gibly.	2	Baltimore 5, Md. Yrs.	D. STREET ADDRESS (If year, give location)	terry
nd leg		Length of stay in Baltimore  SEX  6. COLUR OR RACE  7. SINGLE MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (In years) if U	der i Year   If Under 24 Hours
urly a	10	A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR	Jan. 19-1889 6 2 3	hs Days Hours Min.
h clearl		doneduring most of working life, even if retired)  FATHER'S NAME	Brooklyn. og. y.	WHAT COUNTRY?
f death	15	Walter Sandrer WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Ila Pfan.	
causes of	(Ye	(If yes, give war or dates of service) SECURITY NO.	17. INFORMAPRE Johns Hopkins Hospital  Baltimore 5 Md	
0		18. HO, / I CAUSE CAUSE OR CONDITION DIRECTLY LEADING TO DEATH	Myocardial Inforc	INTERVAL BETWEEN
write th		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		***************************************
	z	ANTECEDENT CAUSES	GERTIFICATION APPROVED BY	sease
: please	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	111- 11/	
Physicians:	TIFIC	(c)	CHIEF OR ASST. MEDICAL EXAMINER	
Phys	CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ant.	CAL	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER 21a. ACCIDENT WAS UNDER-   21b. PLACE OF INJURY (e. g., le		YES NO
important.	MEDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	INJURY OCCUR?	e exact location)
Hy		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK		
especia		22. I hereby certify that buttended the deceased from a deceased alive on 19, 19, and that death occur		that I last saw the
ig.			38. ADDRESS Johns Hopkins Hospital	23c. DATE GIGNED
ect age	24	N. REMOVAL (Specify)  May 17 - 5-1  Cakwood	RY OR CREMATORY THAT THE GAT NOW (City, town, or	county) (State)
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS
		vs 150% be approved	The state of	93)

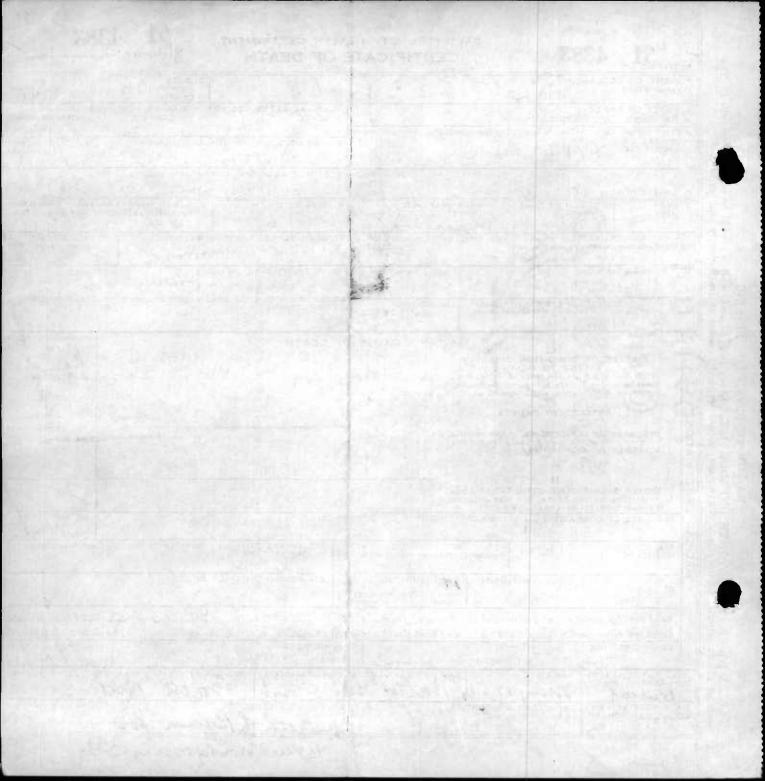


		K-100
	RI	51. 4383
	1.	NAME OF DECEASED ype or Print)
	3. A.	PLACE OF DEATH: Baltimore City, Mary FULL NAME OF (If no
	H	FULL NAME OF (If no DSPITAL OR STITUTION 619
giniy	1)	
and le	5.	Length of stay in Balt
carry		A. USUAL OCCUPATION
ueath clearly	13	FATHER'S NAME
or nea	15	. WAS DECEASED EVER IN L
caen	(10	
rue canses		DISEASE OR CON LEADING (This does not mean the part foilure settlement)
MILE D		(This does not mean theart failure, asthenia, injury or complication
ase w	Z	ANTECEDE
s: bie	CERTIFICATION	DISEASES OR COND RISE TO THE ABOVE C UNDERLYING CONE
rnysicians:	TIFIC	OTHER SIGNIFICAN
rny		TRIBUTING TO THE DE TO THE DISEASE OR O
rant.	MEDICAL	21a. ACCIDENT, SUICID
mpor	MED	HOMICIDE (Specify)  21D. TIME (Month) (Da
ally		OF INJURY
nadsa		22. I hereby certify to deceased alive on
SI DE		23A. SIGNATURE
age	24 TI	AA. BURIAL, CREMA- 24E

## BALTIMORE CITY HEALTH DEPARTMENT

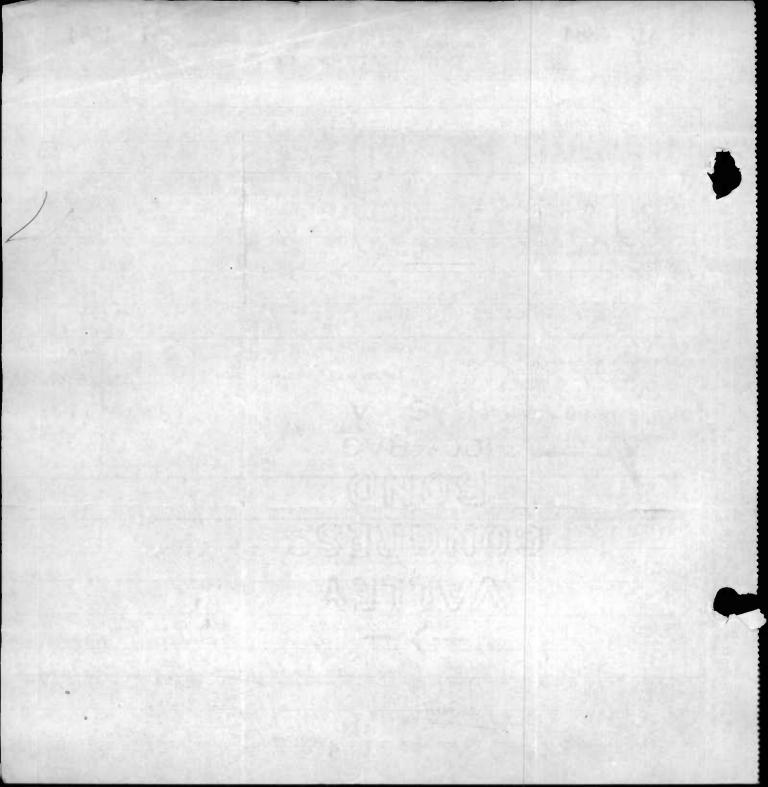
51 4383 Registered No. 51

BIRTH NO.	L OI BEATTI
1. NAME OF DECEASED Rich and E,	Obb 2. DATE May 13. ST
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 619 W. See	
Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  What Country?
13. FATHER'S NAME CO 6 b,	14. MOTHER'S MAIDEN NAME  Sucy John San
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	OF DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURF OF INJURY  m. WHILE AT NOT WHILE AT WORK	
deceased alive on 13195, and that death occu	m., from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED
Burial Many 17.51 Batto n	el CSul Palto Med (State)
DATE RECEIVED BY REGISTRAR'S STONATURE MAY 151951	South R Brown for
VS 150 x 1 97099	108W Montgommy Sh 94a



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PLEASE	correct

15	5291 4384 BALTIMOR	RE CITY HE	EALTH DEPART	51	4384
BIRTH NO.  CERTIFICATE OF DEATH  Reg					0.———
	1. NAME OF DECEASED			2. DATE	
	(Type or Print) Laura Frances Nance			OF DEATH May	13. 1951
	3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, 1 B. FULL NAME OF (If not in hospital or institution, give		4. USUAL RESIDER A. STATE Maryland	NCE (Where deceased lived, If i B. COUNTY	
1	HOSPITAL OR INSTITUTION 522 Rossiter Avenue	location)	c. CITY OR TOWN Baltimore	(If outside corporate limits	, write RURAL and give township
-	yet most not hvenue	77 Yrs.	D. STREET ADDRES	SS (If rural, give location)	
	c. Length of stay in Baltimore	Mos. Days	522 Rossit	er Avenue 2	7-10
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARR	IED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   Il Under 24 Hours
	Female White Married	ORCED (Specify)	Apr. 19, 18	380 71	nths Days Hours Min.
44.0	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	SINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
-	None		Baltimore,		
	John Wesley Potts		Mary Green	DEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SC	CIAL	17. INFORMANT	۸۲	DRESS
II C	Yes, no or unknown) (If yes, give wer or dates of service) SE	CURITY NO.	Harvey Pott	1 0	
-	18. //	CALISE	OF DEATH	o ajo ministre	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		2.1		ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,			1/2 hour	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ETO			
	ANTECEDENT CAUSES	in alman		211	
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			0	2/2 ms
.	RISE TO THE ABOVE CAUSE (A) STATING THE DU UNDERLYING CONDITION LAST.	Е ТО			
1	S CHOLING CONDITION LAST.	c)	***************************************		
		-10-010			
	OTHER SIGNIFICANT CONDITIONS CON-				
1	TO THE DISEASE OR CONDITION CAUSING IT		M.T.ON		Lao Ausgrova
1	19A. DATE OF OPERATION 19B. MAJOR FINDII	NGS OF OPER	ATION		YES NO
0.00	21A. ACCIDENT WAS UNDER  21B. PLACE OF LYING OR CONTRIBUTING about home, farm, factor				
1	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJ	JURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY  m. WHILE AT WORK	NOT WHILE		A STATE OF THE STA	
	22. I hereby certify that I attended the decease	ed from Ma	- 1948, 19	, to MBy 13 , 195	, that I last saw the
deceased alive on May 10, 1951, and that death occurred at 10 Am., from the bause					e date stated above.
	23A. SIGNATURE		3B. ADDRESS	Pul 12	23C. DATE SIGNED
-	24a. BURIAL, CREMA-1 24B. DATE 1 24C. NA	M. D.	RY ON SHEMATORY	240. LOCATION (City, town,	or county) (State)
1	TION, REMOVAL (Specify)	uid Ridge		Pikesville, Md.	
-	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	and Man	25. FUNERAL DIRE		ADDRESS
	LOCAL REGISTRAR	California I Dillion	Mg. W. 4)	Jeal and Son 80	5 % Calvery
	VS 150	8.	व उ ।	9	940



V S 151

AGE (In years If Under 1 Year li linder 24 Hours last birthday) Months Days Hours Min. PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ADDRESS DNSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) thereon and from Autopsy. Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER ..... 1 ASSISTANT MEDICAL EXAMINER 24D. LOCATION (City, town, or dounty

before admission)

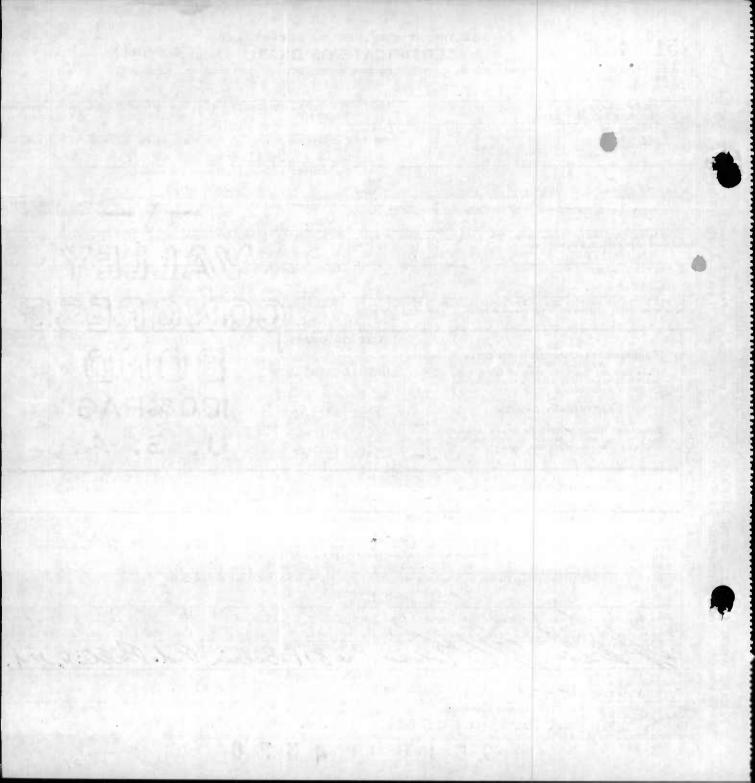
township)

114	50
151	4386
BIRTH NO	

## BALTIMORE CITY HEALTH DEPARTMENT \

	51	4336
Registered	No.	51-4386

	BIRTH NO. CERTIFICATE	E OF DEATH Registered No_	51-4386	
	1. NAME OF DECEASED (Type or Print)  Lillian T. Hollihan	2. DATE OF OF DEATH May 14	, 1951	
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY		
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION line Ridge Nursing Home	C. CITY OR TOWN (If outside corporate limits, with Baltimore	rite RURAL and give township)	
	c. Length of stay in Baltimore  S. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give location)  3 H Alder Drive 5	300	
	female white widowed (Specify) widowed	Oct. 3, 1874 76	Days Hours Min.	
	10A. USUAL OCCUPATION (Givekind of work dooe during most of work log life, even if retired)  housewife	11. BIRTHPLACE (State or foreign country) New York City, N. Y.	CITIZEN OF WHAT COUNTRY?	
4	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Charles W. Stokes	Matilda Kruger		
	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or uoknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDR		
	18. CAUSE C	Mrs. Virginia Madison, 3 H Al	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	ac failure	3 months	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	iosclerotic heart disease	3-5 years 2 years	
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rt. great toe		
	19a. Date Of Operation 19b. Major findings of Opera	ATION	YES NO X	
	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING   chout home, ferm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
	Z1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT WORK   AT WORK			
	22. I hereby certiff that I attended the deceased from June 1950, to May 15, that I last saw the deceased of the on May 13, 1951 and that death occurred at 11:05 Am., from the causes and on the date stated above.  234 SUMATURE  238 ADDRESS Belsin Rd. Blice C. May 15.			
	24A. BURIAL. CREMA: 24B. DATE 24C. NAME OF CEMETER Cremation 5-16-51 Greenmount	RY OR CREMATORY 240. LOCATION (City, town, or o	ounty) (State)	
	DATE RECEIVED BY LOCAL REGISTRAR Dr. Huntington Williams	L. J. Ruck, 5305 Harford Rd.	DRESS	
	VS 150	4 7 7 6		



VS 150

H Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

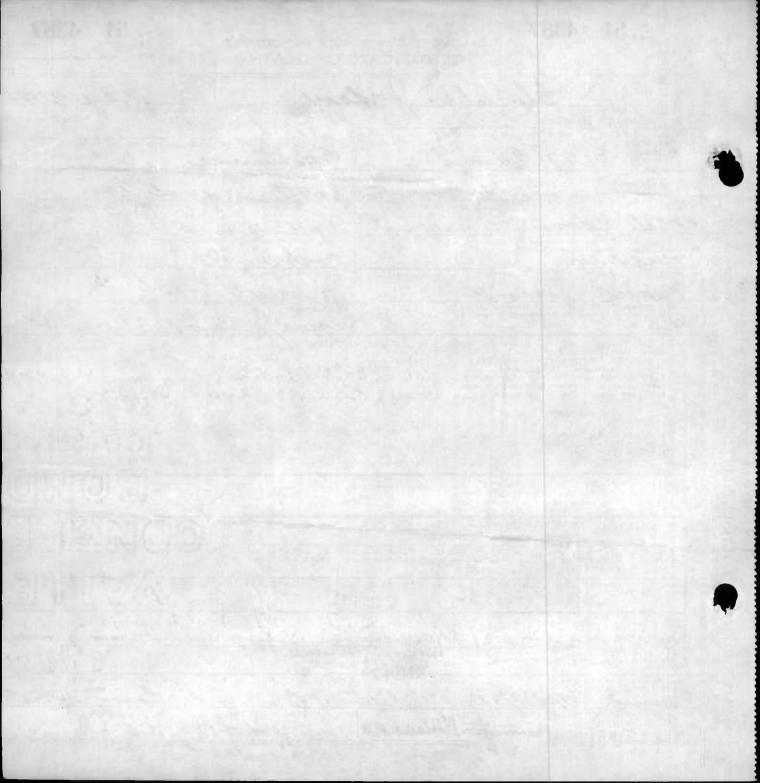
ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

before admission)



To the End of the Control of the End of the LOW THOREE STA ENS GREENMONT AND THE FRIENDS INTEREST WAY STAND FOR BASTUSERETIES VE FRANK STREET PIRKY MED Allen Marie BURBLE DAY-14 STEVILLE ROOM TOY IN A RESELVE The said of the sa

before admission)

12. CITIZEN OF

·W

ONSET AND DEATH

20. AUTOPSY

township)

thereon and from Autopsy, Inspection or Inquiry and death in my opinion resulted from: natural eauses , accident , suicide , homicide , undetermined .

238 CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .. May 9, 1951 MEDICAL INVESTIGATOR

240. LOCATION (City, town) or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

248. DATE

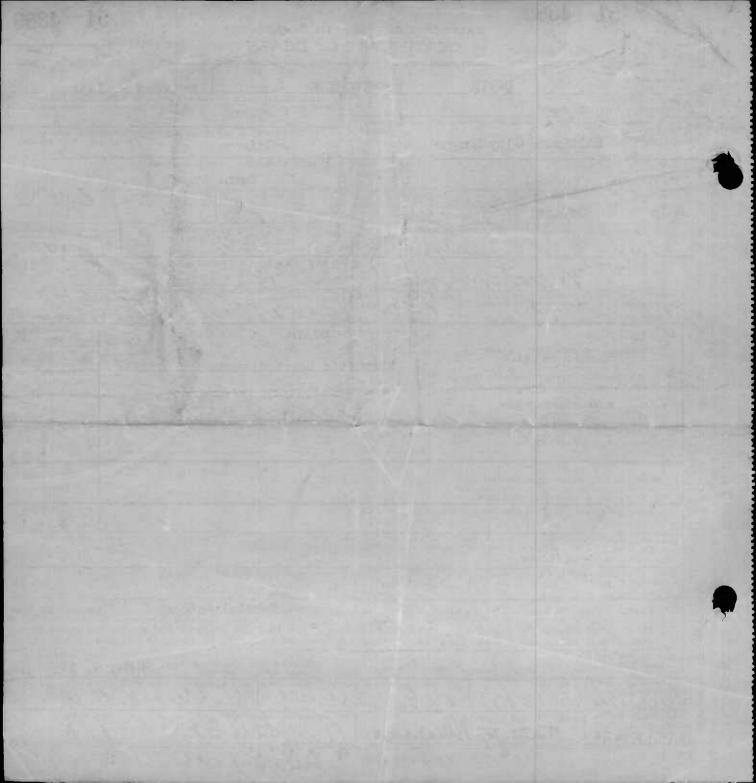
23A. SYGNATURE

REMOVAL (Specify

FUNERAL/DIRECTOR

ADDRESS

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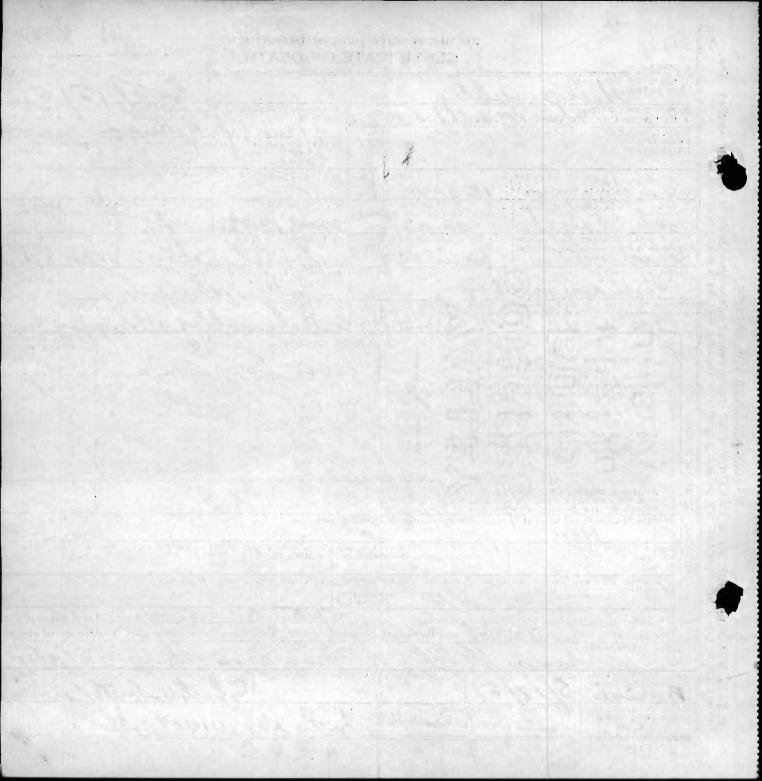
BIRTH NO

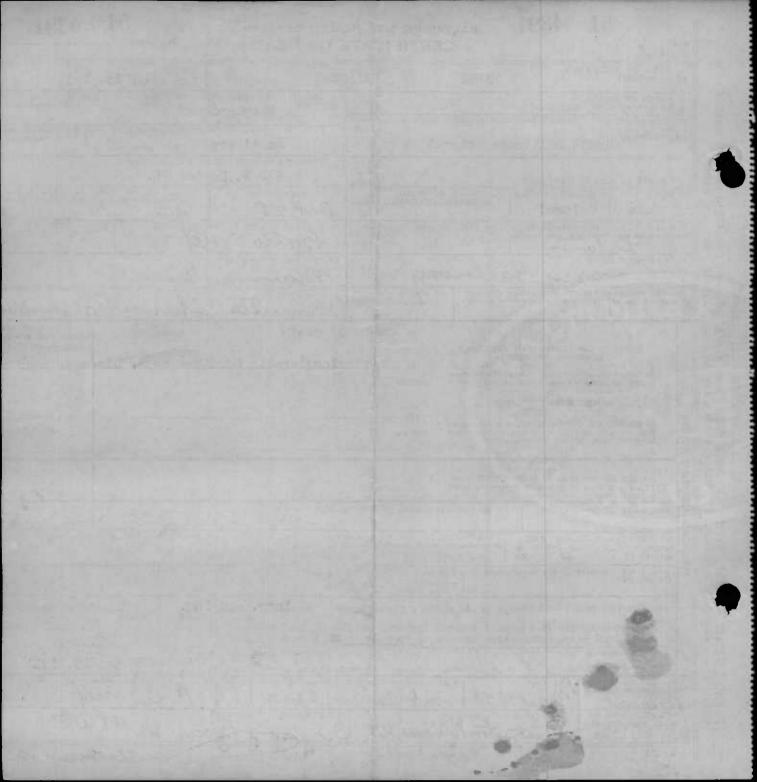
CERTIFICATE OF DEATH

Registered No.

	NAME OF DECEASED  ype or Print)	Mables.		2. DATE OF DEATH 5	15-15-1
	PLACE OF DEATH: Baltimore City, Maryland	19.8. Illestettem	4. USUAL RESIDENCE (V		nstitution: residence Defore admission)
HC	OSPITAL OR	ital or institution, gir street address or location)		outs de cornorate limite	write RURAL and give
IN	STITUTION		City	12-0	township
-		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of stay in Baltimore	18 4 M. Days			
5.	SEX 6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mor	Under 1 Year It Under 24 Hours nths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind o	of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
ork	fone during most of working life, even if retired	Building	South! a	solina	WHAT COUNTRY
13	FATHER'S NAME LATS.	1. lesse	14. MOTHER'S MAIDEN N.	AME	1/
15	. WAS DECEASED EVER IN U. S. ARME	ED FORCES?   16. SOCIAL	17. INFORMANT	nuson	DDRESS
Yes	, no opunknown) (If yes, give war or dat	les of service)   SECURITY NO.	E thel not	ley 419.8.	Laboretten
	18. 490X	CAUSE	OF DEATH	0	ONSE AND DEATH
	DISEASE OR CONDITION	ATH	lobor fuen		2 2
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	ans the disease,		monu	Lucys
	ANTECEDENT CAU	ISES			
0	DISEASES OR CONDITIONS,	(B)  IF ANY, GIVING ) STATING THE DUE TO			
Y	UNDERLYING CONDITION				
Ĭ.		(C)			
ER ER	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	T NOT RELATED			
AL		19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c, WHERE DID ()	If in Baltimore City, g	ive exact location)
Σ	21D. TIME (Month) (Day) (Year OF INJURY			Y OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I gt	a de servicio de la companya del companya del companya de la compa	6/13/, 1951, to_	/ /	that I last saw the
	deceased alive on 3/1	4/1931, and that death occur	red at m., from t	he causes and on th	e date stated above
	Vanes	is the Lute M.D.	1501 6. 6ager	64.	5/16/57
Z4 TIC	A. BURIAL, CREMA- DR. REMOVAL (Specify)	57 24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	ACATION (City, town,	or county) (State)
	TE RECEIVED BY REGISTRAN	TES SIGNATURE	25. FUNERAL DIRECTOR	1408 ask	ADDRESS
<del> \ </del>	VS 150	V-15-41-280 5 0	4 3 8 2	700000	114
		1/4			100

PLEASE WRITE P. ALY, WITH UNFADING INK. Every item of information should be care, correct age is especially important. Physicians: please write the causes of death clearly and legibly.





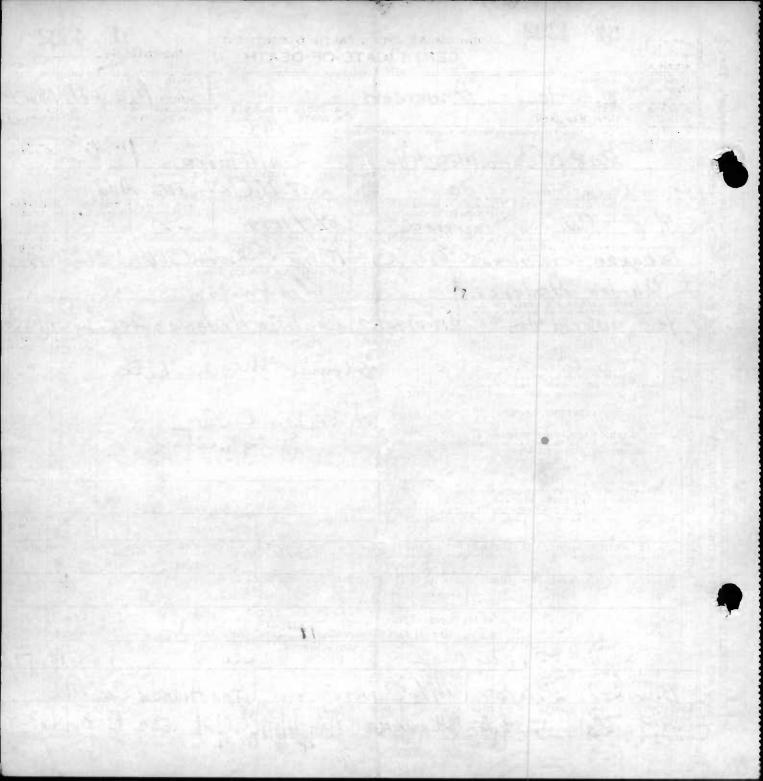
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13	110	HEALTH DEPARTMENT	Daristored No.	4392
E	IRTH NO. CERTIFICA	TE OF DEATH	Registered No.	
	Sype or Print) Mardecia Anderson		2. DATE OF Ma	111,1951
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		titution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address location institution)		outside corporate limits, w	
12	208 H. Carrollton Ale.		re pural, give location)	(ownship)
C	Length of stay in Baltimore 30 Mos Day	200 N/O	- rollton Ave	
5	M. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Color)	8. DATE OF BIRTH	9. AGE (In years last birthday) Month	Br 1 Year H Under 24 Hours S Days Hours: Min.
1 WO	DA. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR logo during most of working life, eveo if retired)		N 1/- 1	CITIZEN OF
1	BEATHER'S NAME	14. MOTHER'S MAIDEN NA		1.2. 17.
	MAY DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Unknou		
(Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL  SECURITY NO.  17-019432	Beatrice And	lerson 2080	Des // //
	18. 442X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dani - Mu	00	
1	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	mpmax 300	a cut	
7	ANTECEDENT CAUSES	hate tou see:		
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	neghi	ilei.	
IFIC	(C)	7		
CERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
1	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY7
EDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (c. g. about home, farm, factory, atreet, office bldg	, in or 21c. WHERE DID (Injury occur?	f in Baltimore City, give	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY NOT WHILE AT NOT WHILE	LECT	occur1	
r	m.   WORK AT WORL  22. I hereby certify that I attended the deceased from	1/10 195 to W	Lac 11 1917/+	hat I last saw the
	deceased alive on May 11, 1951, and that death oce	urred at 14 4 m., from th	ne causes and on the	
	23A. SIGNATURE Y CHILLIAM M. D.	23B. ADDRESS	~   2	3C. DATE SIGNED
7		TERY OR CREMATORY 24D. LO	Arundal Co	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	I I CONTRACTOR	DDRESS II
	MAY 161951 Cultington / blicance, Mar	I andalkh Colle	ck 1532 L.	DIAGIE DI

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BINDIN

RESERVED

23c. DATE SIGNED May 14. ADDRESS

4393

before admission)

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

thereon and from

YES X

U.S.

ADDRESS

Salitiones, ill. Minutes of the Contract of the and cook formed dominated to the state of th

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BALTIMORE CITY HEALTH DEPARTMENT

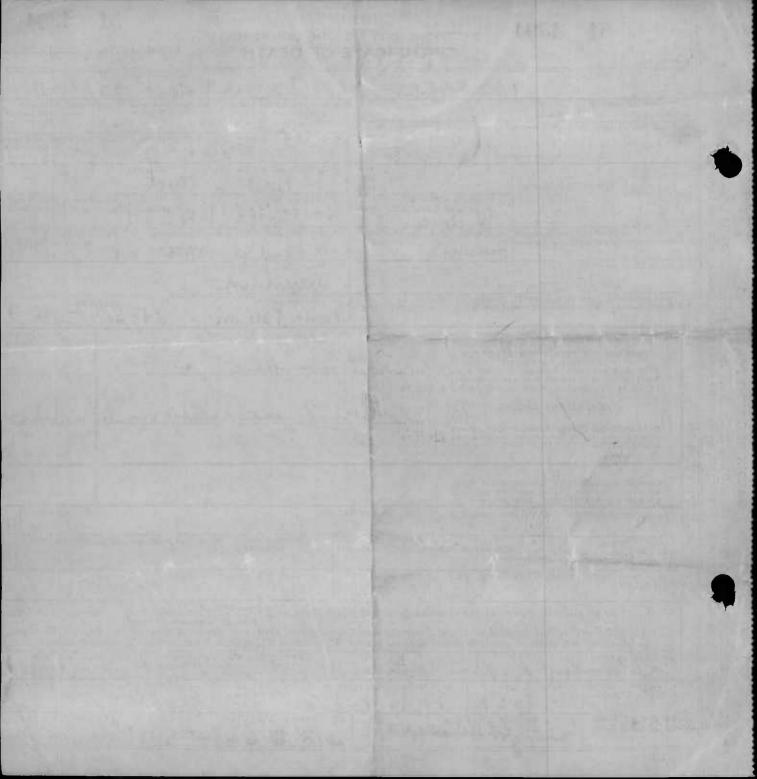
1	BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
	1. NAME OF DECEASED (Type or Print) MAR	GARET	MARTIN	2. DATE May	12-1951
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		titution: residence before admission)
- 80	B. FULL NAME OF (If not in hospital or instit	Hospital	c. CITY OR TOWN	outside corporate limits, w	rite RURAL and give township)
	c. Length of stay in Baltimore	Yrs. Mos. Days	504 w B Mi	rural, give location)	
		LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH 4-19-1905	9. AGE (In years li Under last birthday) Month	Year Hours Min.
771	ork done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	ma.	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
C	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Combs Falson	844 \$.	staw St
ATION	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ase, (A) Cortested that the control of the cortested that the corteste	enisocleratic	t die vasula	diese
CIBITOR	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
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P.A.		WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
1	22. I certify that I took charge of the		Autopsy,	Inspection or Inquity	hercon and from
1	the evidence obtained by said Au and death in my opinion resulted	topsy, Inspection or I from: natural causes	, accident , suicide	, homicide , unde	ctermined [].
	Slanley H. N		238. CHIEF MEDICAL I ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	OR	DATE SIGNED 12, 1951
1	24A. BURIAL. CREMA- TION, REMOVAL (Specify) 5-7 9-51	24C. NAME OF CEMETE	Way 24b. LO	Solls	rountý) ' (State)
MA	DATE RECEIPED BY REGISTRAR'S SIGNAL PROCESSIONAL PROCESSI	Charle, M. W.	25. FUNERAL DIRECTOR	90-139 WIN	Andley St
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## BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN LINDE L. DEATHMAY 14 th-195 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write, RURAL and give INSTITUTION 1830 W. FAYETTE ST. BALTIMORE CITY Yrs. D. STREET ADDRESS Mos. LIFE 1830 W. FAYETTE c. Length of stay in Baltimore Days 9. AGE (In years | | Under I Year | Hours | Min. 7, SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 63 WHITE MARRIED Aug. 25, 1887 10A, USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY RUSSIA Reveria MACHINIST Copper 14. MOTHER'S MAIDEN NAME CAPPER PRODICT I.EIGRELL JOHN. LINDE JULIANN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO NO. 5-10-081/MARY F.LINDE 1830 W. Favette St. INTERVAL BETWEEN 18. CAUSE OF DEATH 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Ē RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY EDICA YES 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK we 22. I hereby certify that I attended the deceased from. deceased alive on Mer 113, 1957, and that death ocurred at 5: 45 A from the causes and on the date stated above. 23A. SIGNATURI 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Vity, town, of Junty) BURIAL THEDERAL CEM MARYLAND DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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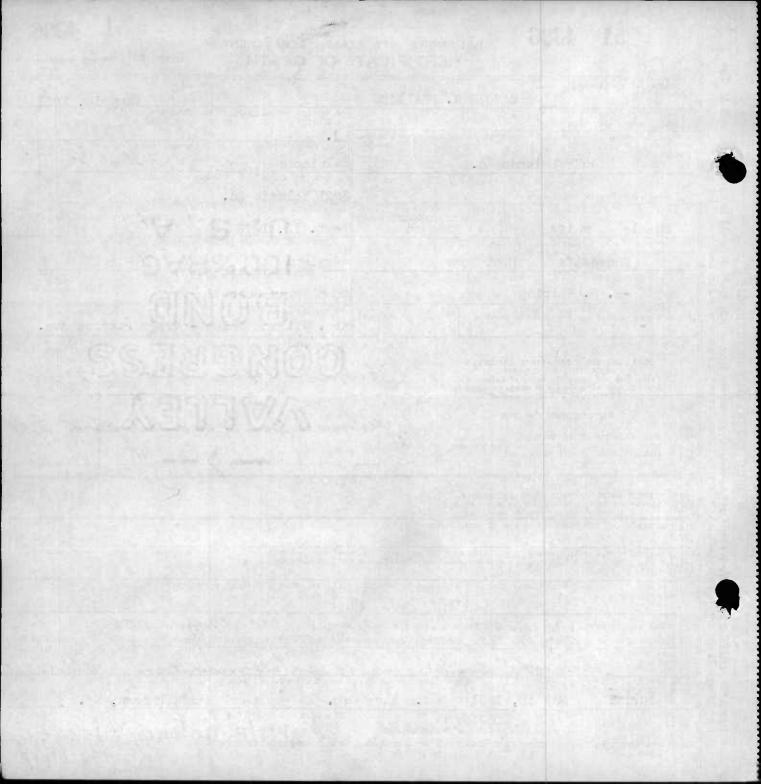
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## BALTIMORE CITY HEALTH DEPARTMENT

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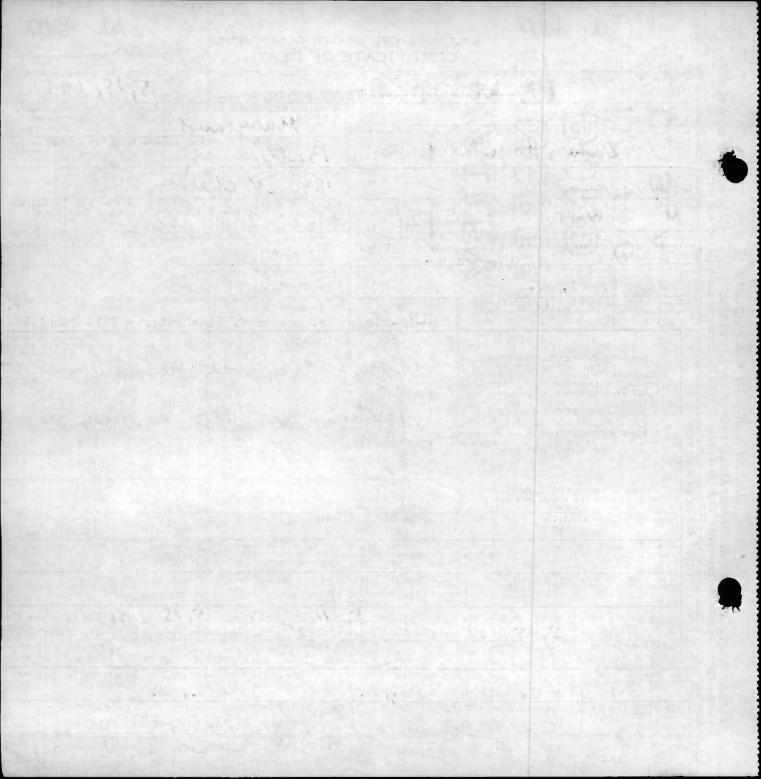
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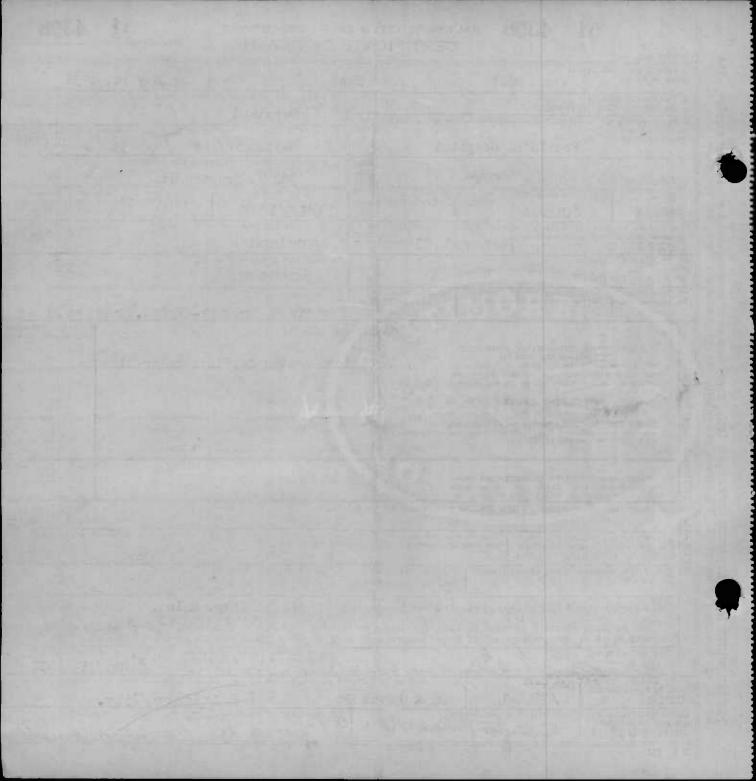
BIRTH NO.	CATE OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print)  MAGGIE M. FRAZIEI	2. DATE OF DEATH May 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street ad HOSPITAL OR INSTITUTION	ocation) C. CITY OR TOWN (If outside cornerate limits, write RURAL and give		
3921 Yolando Rd.	Baltimore  Yrs. D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore	Mos. 17007 37 3 - 3 - 3		
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Your If Under 24 Hours		
female white widowed widowed	(Specify) Sept. 13, 1873   last birthday)   Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife at home			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Wm. H. Shirley	Anna Maria Goshell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	No. 17. INFORMANT ADDRESS Mrs. Clifton White - 4013 Cranston Ave.		
OTHER SIGNIFICANT CONDITIONS CON-	perturia, Carlio Varales Archine 593		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF	OPERATION 20, AUTOPSY 7		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, of CAUSE OF DEATH			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK			
22. I hereby certify that I attended the deceased from			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. ØATE (24C. NAME OF C	EMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)		
Burial May 18, 1951 Mt. Oli DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Randalls town, Md.  25 FUNERAL DIRECTOR  ADDRESS		
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	Type or Print)	LULASED		P	ETER PROUXL	of DEATH 5, 1	5,1951.
	B. PLACE OF E	City, Maryland			4. USUAL RESIDENCE (W		institution : residence before admission)
	FULL NAME		al or institut	ion, give street address or	Maryla	nol	
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- Indicate		stay in Baltimore		Yrs. Mos. Days	1830 N. Ch	ester st	
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1	3. FATHER'S Peter	Prouxl, Sr.		CONST	14. MOTHER'S MAIDEN NA Unknown	ME	
0	5. WAS DECEAS es, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS AV.
_	no			230-10-9040	Mr. Donald F. Wi	ncheater - 1	
	18. 4-	10.1		CAUSE	OF DEATH		INTERVAL BETWEEN
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	injury or complication which caused death.) OUE TO						
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A		OF OPERATION	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
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	OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR		OCCUR?	
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	deceased a		, 19_5/.		rred at 12 15 m., from th	c causes and on th	
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2	24A. BURIAL,	CREMA- 248. DATE	The second secon	24c. NAME OF CEMETE		OCATION (City, town,	or county) (State)
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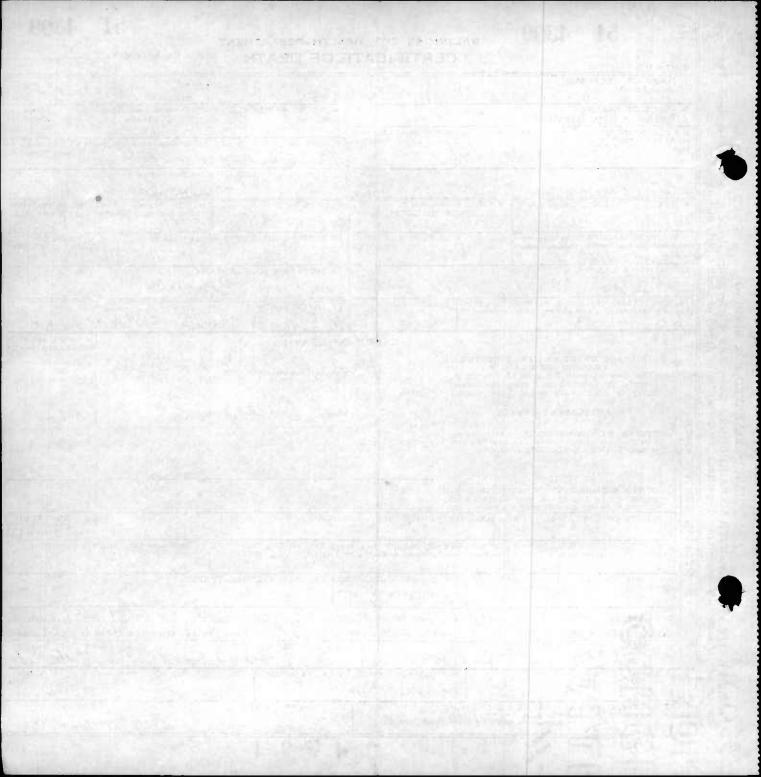




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BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.							
		RTH NO.					
1		NAME OF DECEASED  Spe or Print)  LOUISE (LOUISA) WRIGHT	M	OONEY	2. DATE OF DEATH MAY	15.1951	
	A.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	Where deceased lived, If in B. COUNTY	stitution : residence before admission)	
4	HC	FULL NAME OF (If not in hospital or institution, give stresser of the stresser	et address or location)		(If outside corporate limits,		
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200	c.	Length of stay in Baltimore	Yrs. Mos. Days	7 /	(If rural, give location)		
alla.		SEX 6. COLOR OR RACE 7. SINGLE, MARRIEL WIDOWED, DIVOR WIDOWED, DIVOR WIDOWED	0.	8. DATE OF BIRTH	9. AGE (In years HU	nder 1 Year ths Days Hours Min.	
	rork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	2. CITIZEN OF WHAT COUNTRY?	
1		FOUSE WIFE.		14. MOTHER'S MAIDEN	NAME		
200	l	WILLIAM Moody		MARY ANN	BROWN		
1	15 (You	. WAS DECEASED EVER IN U. S. ARMED FORCES? . po'or nnknown) (If yes, give war or dates of service) SECU	AL RITY NO.	17. INFORMANT	LHOLLAND 3339 Ne	DRESS	
2	Ť				LITOLUAND TO THE	INTERVAL BETWEEN	
3		18. 447 X	CAUSE	OF DEATH		ONSET AND DEATH	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10	Me Levino C	erdio- breule		
3		(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,		A			
		injury or complication which caused death.) DUE T	· Po	UI A A.			
2		ANTECEDENT CAUSES	100	was Weren	P	Bem	
3	0	DISEASES OR CONDITIONS, IF ANY, GIVING		**************************************	***************************************	1 0	
2	RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TUNDERLYING CONDITION LAST.	0				
CITY	2						
	Ē	II (C)				-	
3	ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
	0	19A. DATE OF OPERATION   19B. MAJOR FINDINGS	OF OPER	RATION		20. AUTOPSY?	
244	Z					YES NO NO	
	EDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF IN_ about bome, farm, factory, at:	URY (e. g., 1 reet, office bidg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)	
	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJUR	Y OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?		
		OF INJURY WHILE AT	NOT WHILE				
3		m.   WORK	AT WORK	orl 15, 195/, to	1/20 15 1051	that I last saw the	
100		22. I hereby certify that Lattended the deceased deceased alive on 5-14, 1951, and that	leath occur	rred at 8 1 m., from	n the causes and on the		
27		23A. SIGNATURE L. Deanie		3025 Bela	i Rord	23c. DATE SIGNED 5-16-5/	
20 .	24	A. BURIAL, CREMA- N, REMOVAL (Specify)	OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town, o	r county) (State)	
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### INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

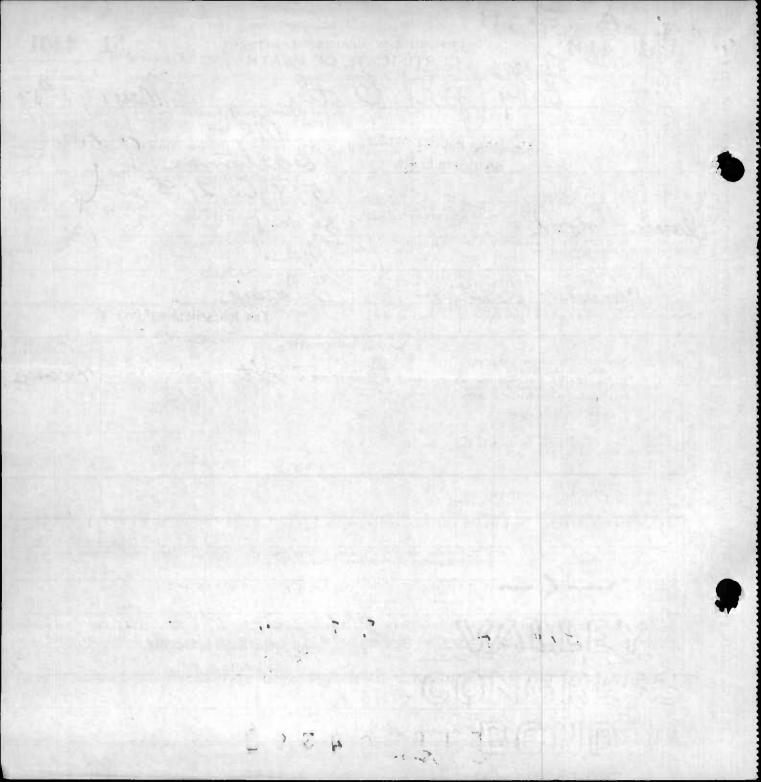
If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death arc missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



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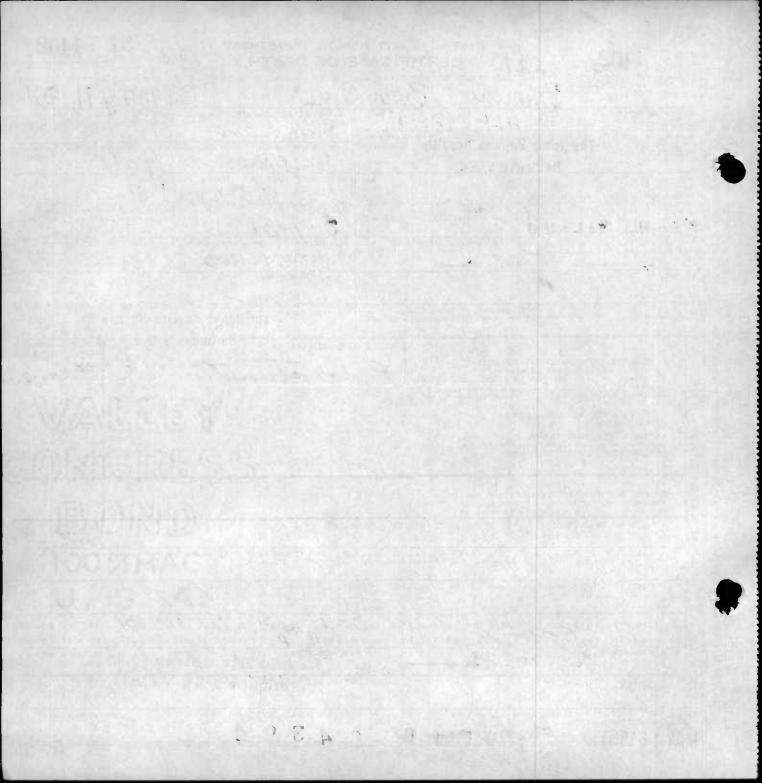
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If fistitution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland . COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR (If outside corpor to limit), INSTITUTION D. STREET ADDRESS (If rural, give-location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (Wyears It Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Mudowell 10A. USUAL OCCUPATION (Givekindef) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY alvores 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of fervice) 16. SOCIAL 7. INFORMANT (Yes, no or unknown) SECURITY NO. 18. H22. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LMONA (This does not mean the mode of dying, e. g., (A) .... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DISEASE DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. TRNERALIZED HRTERIOSCLERUSIC H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NONE 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ы 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK Llay Llay 13 . 1957, that I last saw the 22. I hereby certify that I attended the deceased from. deccused alive on 13. 1951, and that death occurred at 6'. 30 Pm., from the courses and on the date stated above. 23A. SIGNATUR 23B. ADDRESS 7/221 24A. BURJAL, CHEMA-24B DATE 24c. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) eme DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VS 150

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INTERVAL BETWEEN

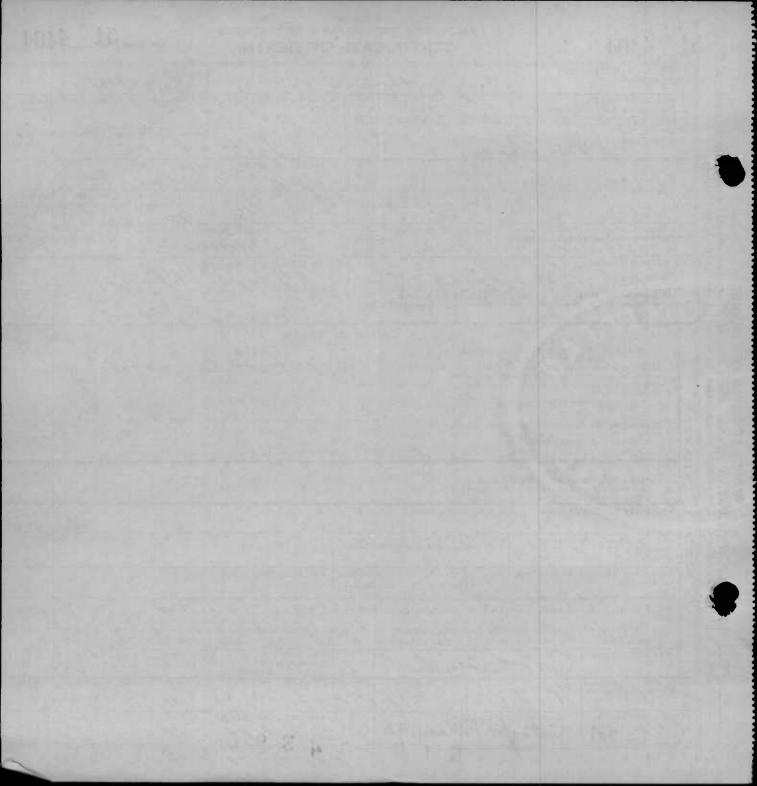
20. AUTOPSY?

23c. DATE SIGNED

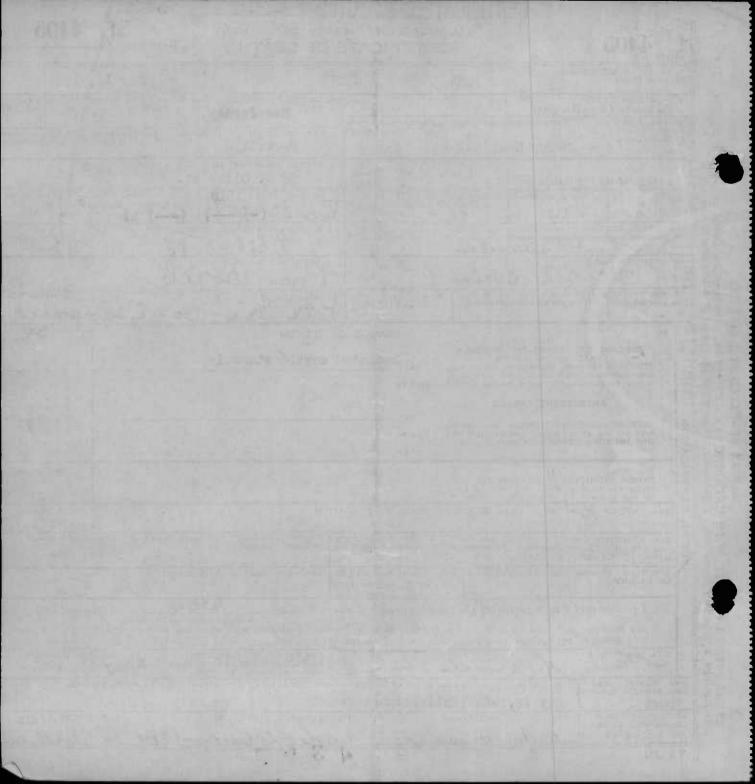
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HOSPITAL OR	institution, give street address or location)	c. CITY OR FOWN (If ou	tside corporale links, Writ	01-
	dall 54 Yrs. Mos.	D. STREET ADDRESS (If run	) / // 0	
	Days  SINGLE, MARRIED,  WIDOWED, DIVORCED (Specify)	8. PATE OF BIRTH	AGE (In years   16 Bades   last birthday)   Months;	Year   If Under 24 Henrs
10A. USUAL OCCUPATION (Give kind of 108	3. KIND, OF BUSINESS OR	11. BIRTHPLACE (State or force	20	CITIZEN OF
work do de during most of working life, even if retired)  13. FATHER'S NAME	LONE INDUSTRY	14. MOTHER'S MAIDEN NAM	ode	WHAT COUNTRY
4/1/1sm/	1. Whelthe	MARY C.	Hollon	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unimown) (If yes, give war or dates of se	(CES? 16. SOCIAL SECURITY NO.	17. INFORMANT / 19 19 19	JAME ADDRE	ss
DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of dy, heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STA' UNDERLYING CONDITION LAST.	ing, e.g., (A)	Lypentensive C.		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE GEATH, BUT NOT TO THE GISEASE OR CONDITION CAU	RELATED			
U 19A. DATE OF OPERATION 19B. N	1AJOR FINDINGS OF OPER			YES NO
I 1 2 1 A. EXTERNAL CAUSE WAS 1 2	HB. PLACE OF INJURY (e. g., in at home, fur m, factory, street, office bldg., et	i or 21c. WHERE DID (If in INJURY OCCUR?	n Baltimore City, give ex	kact location)
Z 210. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE IN WORK AT WORK	ED 21F. HOW DID INJURY O	CCUR?	
22. I certify that I took charge of the evidence obtained by said and death in my opinion resu	Autopsy, Inspection or In	Autopsy, Inspanding Autops	pection or Inquiry ased died on the dan	reon and from y stated above ermined  .
23A. SIGNATURE	Brinski M.	238 CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA D. MEDICAL INVESTIGATOR	MINER 23c. DA	TE SIGNED
24A. BURIAL CREMA 246 DATE TION, REMOVAL (Specify)		RY OR CREMATORY 24D. LOGA	ATION (City, town, or con	
MAY 16 951		25 FUNERAL DIRECTOR	ADD.	RESS
V S 151	9.5.10	130 E. Toel	DE!	1



5-17-5 DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE JOHN SENTN May 14, 1951 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE New Jersey A. Baltimore City, Maryland B COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mercy Hospital Westville information should be careful of death clearly and legibly. D. STREET ADDRESS (If rural, give location) Mos. 38 E. Olive St. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | ff 8mm; I Year | ff Under 24 Hours last birthday) | Months; Days | Hours; Min. 9. WIDOWED, DIVORCED (Specify) White Male 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME BINDING 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL ADDRES (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO of CAUSE OF DEATH ONSET AND cal DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Isolated aortic stenosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CATION RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) MARGIN RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING [] CAUSE OF DEATH Ξ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! TE F especially AT WORK WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. WRITE and douth in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 0 23A. SANTURE 238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Philadelphia Pa Burial May 16, 1951 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Whom-Bus S 151



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	Ny.	
	ASE WRITE F. LY, WITH UNFADING INK. Every item of information should be cally, by supplied	ct age is especial, important. Physicians: please write the causes of death clearly and legibly.
	on shoul	clearly
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TARGIN RESERVED FOR BINDING	ry item of	the cause
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IN KE	ING IN	ns: plea
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31	-	4406 RTH NO.				HEALTH DEPART		Registered	51 No.	4406
ned. Ir	1. (T	NAME OF D ype or Print)	M	ARY A	BACKOF	F   4. USUAL RESIDE		OF DEATH MA	1416,	1951 residence
ry supplied.	В.	Baltimore ( FULL NAME OSPITAL OR ISTITUTION	1.00	ital or instituti	on, give street address location	A. STATE		B. COUNTY	bef	ore admission)
and legibly.	_		tay in Baltimore	LIFE		21 S.	CHAP	l, give location)		
		F	6. COLOR OR RACE	SIN	MARRIED. ED, DIVORCED (Specif	AUG. 15, 11	879	AGE (In years last birthday)	Ionths Days	
	MOH	done during most of	e working life, even if retired	i) IOB. KIND	BLDE CLEMING	Mp.			12. CITIZ	T COUNTRY!
or intormation ises of death cl	15	GE. WAS DECEASE	ORGE B	ACKOF ED FORCES?	16. SOCIAL		NNIE	REIN	ADDRESS.	
	(Ye	No or unknown)	(If yes, give war or da	tes of service)	SECURITY NO.	MISS ANN	A BA	CKOF	ADDRESS	AME VAL BETWEEN
write the car		(This does heart failu	SE OR CONDITION LEADING TO DE, not mean the mode re, asthenia, etc. It me complication which	ATH of dying, e. g ans the disease	., ., Ce	rebral He	morle	ge		ANO OEATH
please	ICATION	DISEASES	ANTECEDENT CAUSON OF CONDITIONS, HE ABOVE CAUSE (A VING CONDITION L	IF ANY, GIVIN ) STATING TH		Deteriores	n Hype Boxis	Henrico	eisene !	d years
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-	CAL	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF OPE	ERATION		NI THE	20. YES	AUTOPSY7
pool	MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g. arm,factory,street,office bldg			Baltimore City,	give exact	location)
ah. in		OF INJURY	Month) (Day) (Yea		VHILE AT NOT WHILE WORK AT WORK	E	INJURY O	CCUR1		
especi		deccased al				urred at 7:45A.m.	9, to Ma, from the		the date s	
age is esp	24	Mich Mich IA. BURIAL (S	REMAIL 24B. DATE	usch	M. O.	4636 Ber	Paris As	TION (City, tow	5/1	6/5/ (State)
correct ag		SURIAL ATE RECEIVE	15-19-	1951	HOLY KER	EEMER		70.	ADDRES	MD.
COI	V1	141 6195	STR rutical	or Millia	ML, MA	H.W. JENK	INS & S	SONS Co.	4905	YORKK
1		VS 150	C Sav.		7708	2			9:	3)

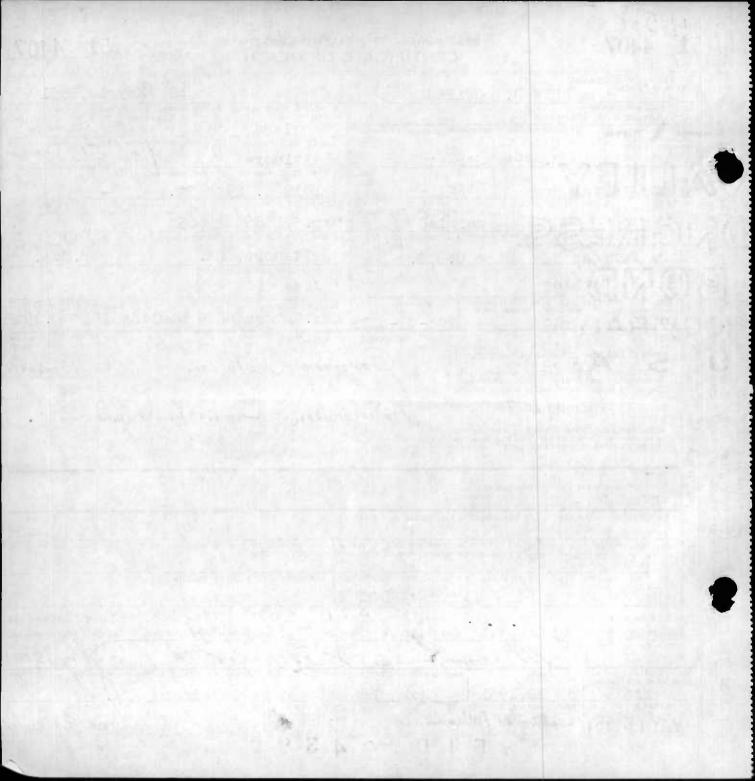
Table of Rain and Physics - Free Factor As 1949 March 194 & 166 ye was good and the MARGIN RESERVED FOR BINDING

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PLEASE WRITE P

# BALTIMORE CITY HEALTH DEPARTMENT

T TITU			CERTIFICAT	E OF DEATH	Registered N	0.1	4407
BIRTH NO.	FACED						
1. NAME OF DEC (Type or Print)	ANDREW D	. DOWI	ING		2. DATE OF DEATH MAY	14,1	951
3. PLACE OF DEA	y, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If i		: residence fore admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit	al or institut	ion, give street address of location		f outside corporate limits	write RI	
21 1	.819 E. 29	th Str	eet	Baltimore	9-0		township)
			Yrs. Mos.	D. STREET ADDRESS (II	f rural, give location)		
c. Length of sta		Lif	e Days	1819 E. 29t	th St.		
5. SEX 6	.COLOR OR RACE	WIDOW	E, MARRIED. ZED, DIVORCED (Specify Pried	8. DATE OF BIRTH Mar. 5, 1886	9. AGE (in years last birthday) Mon		Hours Min.
IOA. USUAL OCCU	JPATION (Give kind of orking life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12. CITI	
Yard fore			R.R.	Baltimore, N	fd.		S. A.
13. FATHER'S NA	ME	25 05 0		14. MOTHER'S MAIDEN N			~
Thomas I	owling			Jane			
15. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS	treet
No	No.	or service)	705-05-6119	Mrs. Catherine	C. Dowling,	1819	E.29th
18. 420	. /		CAUSE	OF DEATH		INTER	EVAL BETWEEN
DISEASE	OR CONDITION	DIRECTLY				ONSE	T AND DEATH
L	EADING TO DEAT of mean the mode o	Ή.		onary Colus	ion	1	Deninote
heart failure,	asthenia, etc. It mea	ns the disease	e,	\		- · ·	
DISEASES O	NTECEDENT CAUS OR CONDITIONS, 16 ABOVE CAUSE (A) IG CONDITION LA	ANY, GIVIN	G	oscleratic Cano	bio-Vasculor Dis		?
OTHER SIG	NIFICANT CONDI O THE DEATH, BUT ASE OR CONDITION	NOT RELATE	D				
19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20.	AUTOPSY?
5						YES	
	T WAS UNDER- CONTRIBUTING	21B. PLA about home, f	ACE OF INJURY (e. g., and a state of the sta	etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact	location)
21D. TIME (MO	onth) (Day) (Year)	` '	21E. INJURY OCCURR		Y OCCUR?		
		m.	WORK AT WORK				
22. I hereby	certify that I att	ended the	deceased from A	pril , 1951, to	May , 1951,	that I	last saw the
deceased aliv	e on May /2	, 19 6 /	and that death occu	rred at P: 15 Pm., from t	the duses and on the	e date s	tated above.
23A. SIGNATU	Loy M	3im	M.D.	205 & Harfor	Q Pd.	23c. D.	T 15,195
24A. BURIAL, EM TION, REMOVAL (Spe Burial	May 18	1951		ss Cemetery Ba		county	State
DATE RECEIVED	DV   DECISEDAD	1 10/11		H. Sander & So	ns.Inc	ADDRES	1 A. /
VS 150	1600	Gor E	Land or	North & Broad	way-13 nove	my J	- Unuasi



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## Certificate corrected 5/7/52 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A ALTO

	O.L.	4400
Registered	No.	

1. NAME OF DECEA (Type or Print)	ANNIE	CARTER		2. DATE OF DEATH	May 13, 1951
	Maryland Balto.	City	A. STATE		lived. If institution : residence
B. FULL NAME OF HOSPITAL OR	(if not in hospital or institu	location)		(If outside corpor	atemnits, write RVRAL and give
INSTITUTION	Johns Hopkins Ho	ospital	Baltimore		5 - 0 township)
		Yrs. Mos.	D. STREET ADDRESS	(If rural, give loca	ition)
c. Length of stay i		Days	1201 Jeffer		
5. SEX 6. CC	DLOR OR RACE 7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in ;	years H Under 1 Year H Under 24 Hours day) Months: Days Hours Min.
بالبال المستخط	olored Se	p	March 30.19	15 36	
10A. USUAL OCCUPA work done during most of work		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country	12. CITIZEN OF WHAT COUNTRY?
Housewife	At H	ome	Patrick Co.		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDER	NAME	,
Jame			Ruth An	n Kellim	/
(Yes, no or unknowo) (If	ER IN U. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			James Scales	Bridgevie	ew kd
18. 650,	0 and 299.	X CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	R CONDITION DIRECTLY				
('This does not	DING TO DEATH mean the mode of dying, e.	K., (A)	rhage due to ab	ortion	
	thenia, etc. It means the disea dication which caused deat				
ANT	ECEDENT CAUSES				
7 DISEASES OF	CONDITIONS, IF ANY, GIVI	(B)			
O RISE TO THE AL	BOVE CAUSE (A) STATING TO CONDITION LAST.				Control of the contro
4 ONDERCTING	CONDITION LAST.	(C)			
ĬL	11				
TRIBUTING TO	FICANT CONDITIONS CO THE DEATH, BUT NOT RELAT	ED Prom	ancy · Afibrino	continued a	
TO THE DISEAS	E OR CONDITION CAUSING	11.		2.01.00	20, AUTOPSY?
		R FINDINGS OF OPER			YES X NO
21A. EXTERNAL OUNDERLYING UTING CAUS	OR CONTRIB. about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimor	e City, give exact location)
	h) (Day) (Year) (Hour)	21E. INJURY OCCURR		URY OCCUR?	
OF INJURE	m.	WHILE AT NOT WHILE AT WORK			
22. I certify th	at I took charge of the	remains described	above, held an	Autopsy	thereon and from
			Autor	osy, Inspection or	Inquiry d on the day stated above,
and death	n my opinion resulted	from: <u>natural cause</u>	s X, accident [], suic	ide . homicid	le $\square$ , undetermined $\square$ .
23A. SIGNATURE	( Land		23B. CHIEF MEDIC ASSISTANT MEDIC 1.D. MEDICAL INVESTI	AL EXAMINER AL EXAMINER GATOR	May 16, 1951
24A. BURIAL, CREMA TION, REMOVAL (Specify	4- 24B. DATE	24c. NAME OF CEMETE			ty, town, or county) (State)
Burial	5/17/1951	Bryer Hill	L Cem. B	ryer Hi:	ll Virginia
DATE RECEIVED BY	REGISTRAR'S SIGNAT	URE	25 FUNERAL DIRECT	ORI	ADDRESS
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77 S 151	1		40-		7

Information obtained from Dr. Davis, Maternal Hygiene Bureau.

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K-1	6 Al line 1 /08/10/7	EALTH DEPARTMENT  E OF DEATH  Registered No.	1 4409					
	1. NAME OF DECEASED (Type or Print)  Randolph Kenny	2. DATE OF DEATH 5-13-51						
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)					
Iy s	B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or Baltimore City Tespital ocation)  Letter Ave.	C. CITY OR TOWN (If outside corporate limits,	rite RURAL and give township					
egilt	C. Length of stay in Baltimore Life Mos. Days	o. STREET ADDRESS (If rural, give location)  518 Rubbard Alley - 5						
should be early and legib	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	18. DATE OF BIRTH 19. AGE (In years) # line	der I Year II Under 24 Hours hs Days Hours Min.					
shou	10A. USUAL OCCUPATION (Givekindel Nork done during most of work inglife, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12	2. CITIZEN OF WHAT COUNTRY					
information shouls of death clearly	13. FATHER'S NAME Ralph	14. MOTHER'S MAIDEN NAME Elizabeth						
infor s of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO.		ress n Ave.					
Every item of i	18. OO > X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY							
Every i	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
UNFADING INK. E Physicians: please wr	ANTECEDENT CAUSES  ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
JNFADI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	. 19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	RATION	YES NO					
NLY, WITH important.	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., labout home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)					
A P	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK							
TE F especia	22. I hereby certify that I attended the deceased from 5-11, 1951, to May 13, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 7.45 m., from the causes and on the date stated above							
WRIT ge is	23A. SIGNATURE S.S. Boyen M. O.	4940 Bastern Ave.	23c. DATE SIGNED 5-14-51					
PLEASE WRITE correct age is esp	24A. BURIAL, CREMA- TION REMOVAL (Specify)  Survivo 5/1)  124C. NAME OF CEMETE  WWW.	very lon, Brooklyn	(State)					
PLI	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Eling O. Wilson 1771 &	untly					
			1,41					

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Balto. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits vrient URAL and give INSTITUTION ROVIDENT township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore North Annleton Davs otreet 6. COLOR OR RACE 8. DATE OF BIRTH SINGLE, MARRIED AGE (In years & Under 1 Year | M Under 24 Hours last birthday) | Months; Days | Hours; Min. 9. AGE (In years) information should be of death clearly and l WIDOWED, DIVORCED (Specify) Married Aug. 25, T882 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Owner Lunch Room Baltimore City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred Stevens Martha Ann Carr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If you, give war or dates of service) (Yes, no or unknown) SECURITY NO em of i INTERVAL BETWEEN 18. CAUSE OF DEATH 20. Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arten Scleron LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... ī 11 OTHER SIGNIFICANT CONDITIONS CON-RTI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO V YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-DIC about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR M.D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Buri TOSI a Park DATE RECEIVED BY

UNFADING Physicians: 1 LY, WITH important. RITE PL PLEASE W. A

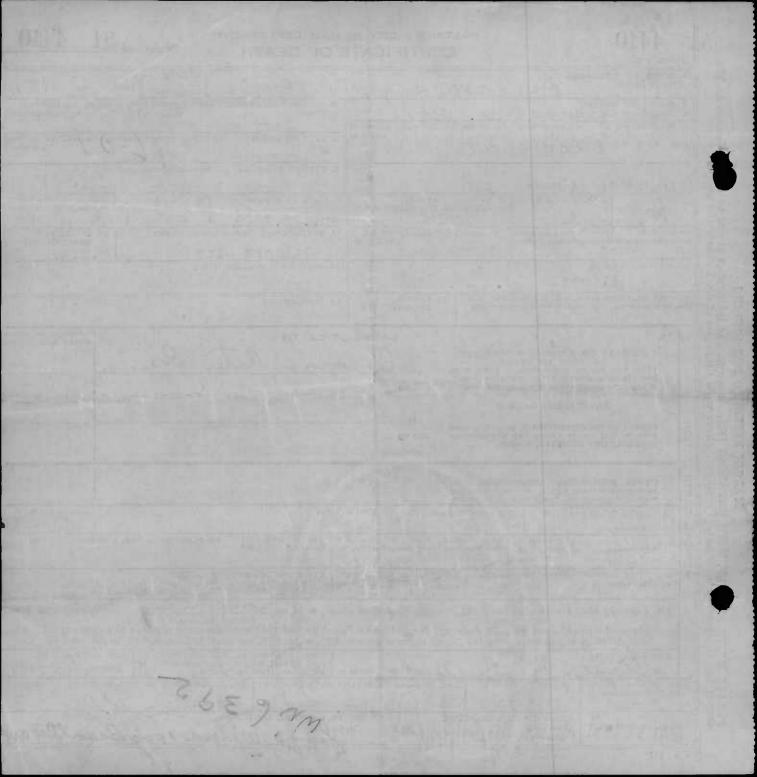
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TRAR'S SIGNATURE



See Document File 51 4411

"Biopsy specimen showed undifferentiated aderocarcinoma, origin undeterminable"

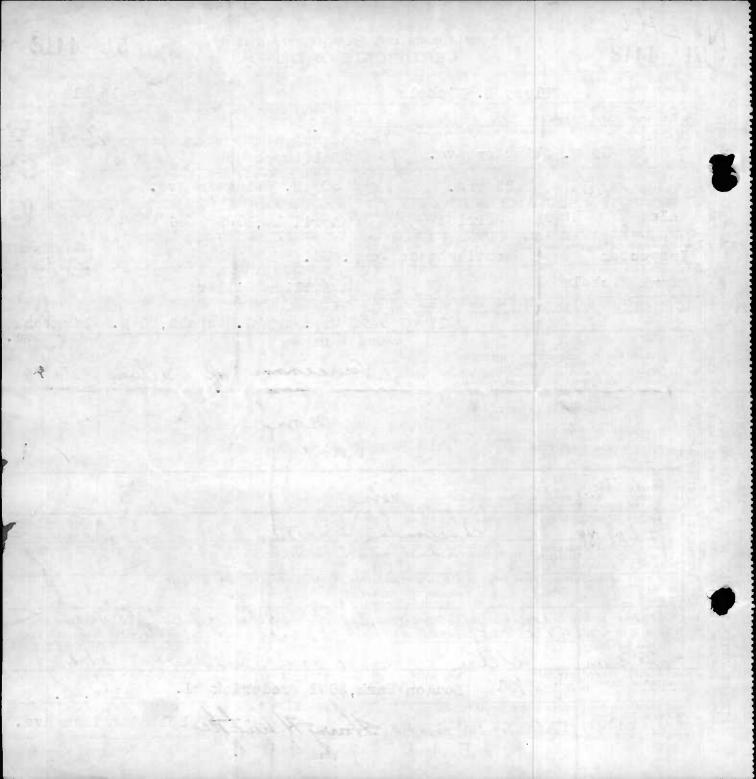
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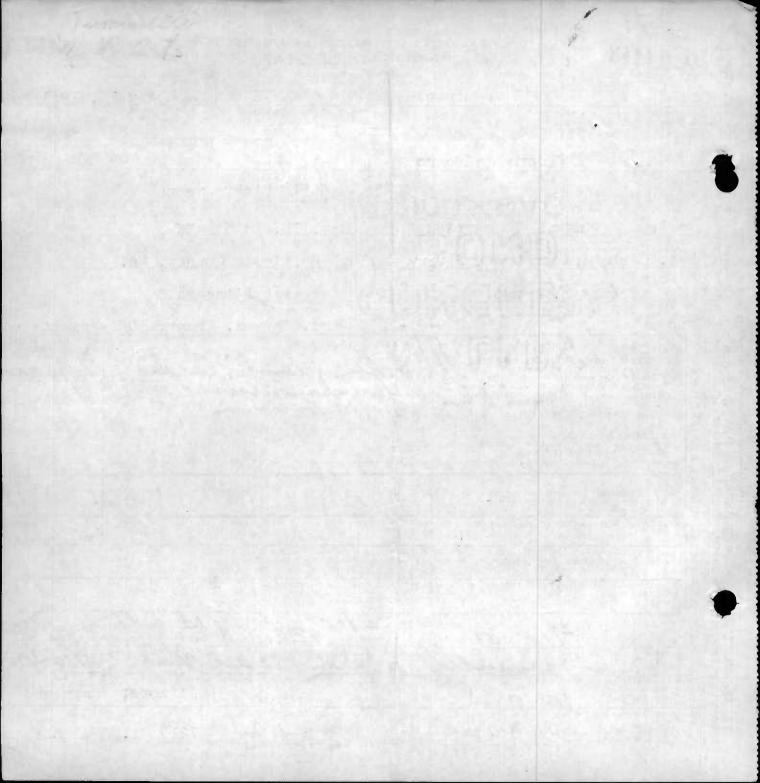
BIRTH NO.	10	CERTIFICAT	E OF DEATH	Registered	51 4412
I. NAME C	of DECEASED Hiler	y L. Nichels		2. DATE OF MAY DEATH	15/51
B. FULL NA	ore City, Maryland  AME OF (If not in hospi	tal or institution, give street address o	4. USUAL RESIDENCE (W		
HOSPITAL		location agton Ave.	c. CITY OR TOWN (If Baltimore	outside or orate lir	nits, write RURAL and g
	of stay in Baltimore	35 yrs. Yrs. Mos. Days	30 N. Abingt		
Male	6. COLOR OR RACE	WIDOWED DIVORCED (Specify	April 12,1905	9. AGE (In years last birthday)	Months Days Hours Mi
ork done during Inspec	C CCUPATION (Give kind or most of working life, even if retired C CC	los. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
Farther Frank	Nichols	RADIO EGPT. (M)	14. MOTHER'S MAIDEN NA		
15. WAS DEC Yee, no or unkr	CEASED EVER IN U. S. ARME (If yes, give war or date	D FORCES? ea of service)  16. SOCIAL SECURITY NO. 217 07 9492	17. INFORMANT Mrs. Mary A.Ni	chols.30	Address N. Abington
Z	ANTECEDENT CAU	(B)	none		
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C	651 BALTIMORE CITY HEA	LTH DEPARTMENT 54 4412					
The	51 4413 CERTIFICATE	OF DEATH Registered No. 1 4413					
y supplied. T	1. NAME OF DECEASED (Type or Print) William Crump	2. DATE DEATH May 15, 1951					
	A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)  Maryland					
	INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write HURA) and give ownship)					
	5051 Wright Avenue	Baltimore  D. STREET ADDRESS (If rural, give location)					
l les	c. Length of stay in Baltimore Days	5051 Wright Avenue					
uld b	male white married (Specify)	B. DATE OF BIRTH  9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min.  75					
VDING information should be	10A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR work done during most of working life, even if retired)  Ret. Club Manager Green Spring Valler	ey Baltimore County. Md.					
NG rmatio death	13. FATHER'S NAME Hunt Club	4. MOTHER'S MAIDEN NAME					
ING orn de	Thomas W. Crump  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Margaret Fitzgerald					
R BINDIN	(Yes, no or unknown) (If yes, give wer or dates of service)  SECURITY NO.  20-07-+539	Mrs. Mary A. Crump, 5051 Wright Ave					
RESERVED FOR INK. Every ite please write the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	inclustre landis - / year ular disease with externice:					
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
het.	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	TION   20. AUTOPSY?					
ILY, WITH	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH	r 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
ILY	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK						
PLEASE WRITE PI correct age is especia	22. I hereby ecrtify that I attended the deceased from deceased alive on 5/14, 1961, and that death occurre	and at 440 m., from the causes and on the date stated above.  3. ADDRESS 23C. DATE SIGNED					
PLEASE W	AA. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER 10N, REMOVAL (Specify) burial 5/18/51 Green Mount.	Baltimore Manuland					
LEA	DATE RECEIVED BY   REGISTRAR'S SIGNATURE   2	5. FUNERAL DIRECTOR ADDRESS					
F 2	MAY 1 61959   tuite for Nelliams, Ala	tan. Gorf. Pec. 1217 St. Paul Street					
	VS 150	930					

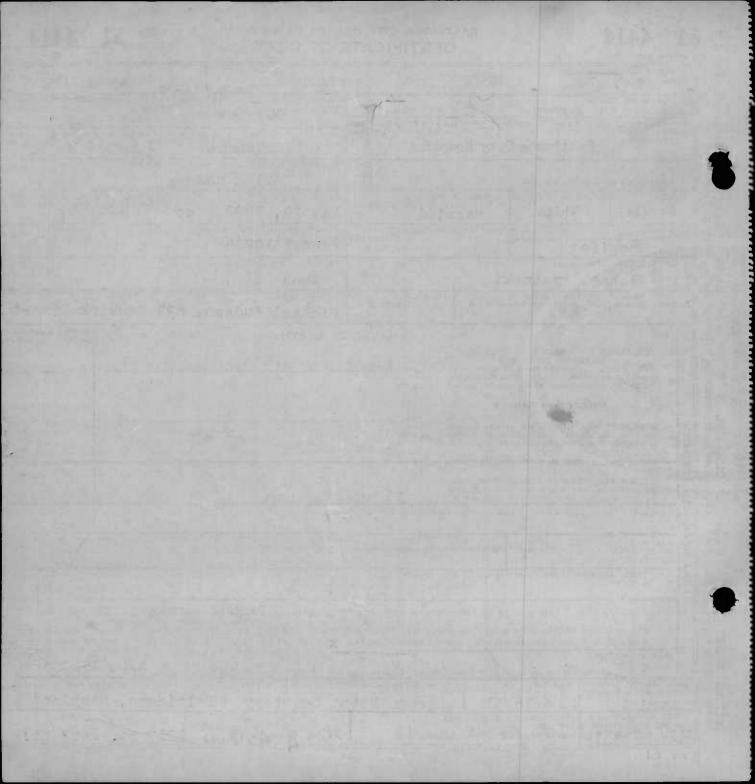


DI. BIF	4414 RTH NO.		C			OF DEATH		Regist	tered N	ib	441	4
	NAME OF DECEA	SED	SUSIE		Е	UDASH		2. DATE OF DEATH	May	14,	195	1
A. 3	PLACE OF DEATH Baltimore City, FULL NAME OF		l on institutio	n give street ad	danagan	4. USUAL RESIDER		here deceased B. COU			ion : resi before a	
HO	SPITAL OR	altimore C		10	cation)		imore		6	0	RURAL	and gir township
c.	Length of stay in	n Baltimore			Yrs. Mos. Days	D. STREET ADDRES		ural, give loca Wkirk	tion)			
	SEX 6.CC	White	7. SINGLE. WIDOWE Mari	D, DIVORCED	(Specify)	May 23, 18	393	9. AGE (In 3 last birth)		Under I You		der 24 Housers Mirs
	doneduring most of working housewife	ng life, even if retired)	IOB. KIND	OF BUSINESS IND	OR	Pennsylvan		reign country)			TIZEN C	
13.	FATHER'S NAME	Pratuck	ci	HEIL		14. MOTHER'S MAI	DEN NA	ME				74.
15. (Yes,	. WAS DECEASED EVE , no or unknown) (If	R IN U.S. ARMED yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY	NO.	Michael Bu	ıdash	1, 623	Newk	DDRES	Str	reet
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III "	TRIBUTING TO T	FICANT CONDITION THE DEATH, BUT IT OR CONDITION	NOT RELATED		bete	s Mellitus						
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	23A. SIGNATURE	eagh.	Duc	cache	М.		DICAL E	XAMINER XAMINER DR	x Maj	y 15	E SIGN , 195	51
TIOI	a. BUMAL, CREMA N, REMOVAL (Specify burial		151  24			rt Cemetery	E	Baltimo		Mar	ylar	(State)
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STREET IN THE STREET

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ONSET AND DEATH 20. AUTOPS (If in Baltimore City, give exact location) - 14 195 that I last saw the 23c. DATE SIGNED 24D. LOCATION (hty, town, or county)

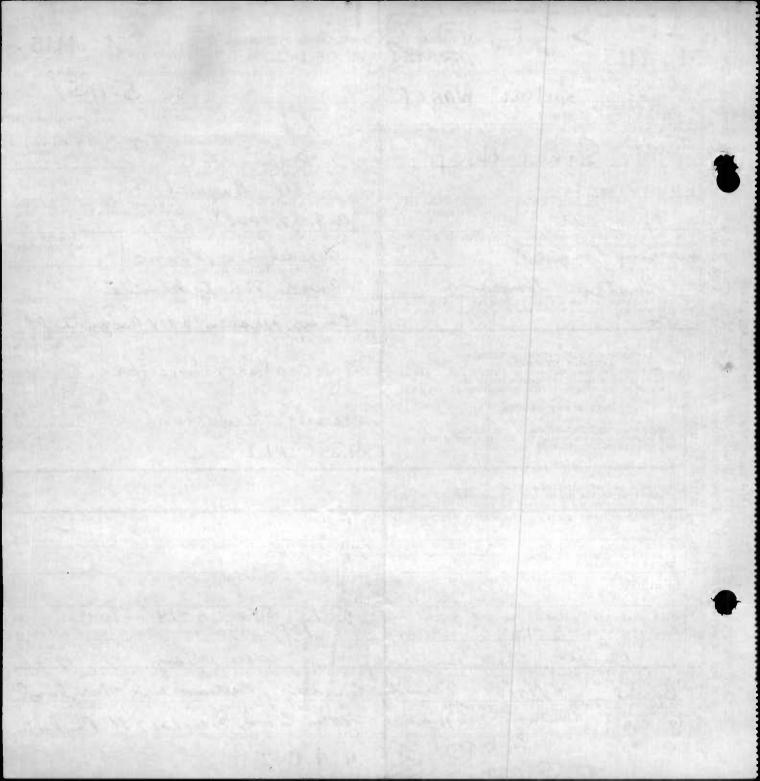
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If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

township)



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e	1	4410	5		CERTIFICAT	E OF DEATH	Registered	No.	
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-j		ype or Print)		ENEA		MAN	2. DATE OF DEATH	15/5-1	
supplied.		PLACE OF D	EATH:			4. USUAL RESIDENC	E (Where deceased lived.		
ldn		FULL NAME	City, Maryland	tal or institu	tion, give street address o	MARYLANI	B. COUNTY	before admissi	
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should be	5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year   H Under 24 Ho Months: Days   Hours: M	
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ath	13	FATHER'S				14. MOTHER'S MAIDE	N NAME		
de	1.00		enry Thuman			Agnes Byrne			
information s of death cle	(Ye	, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	7.11.1	ADDRESS	
of		No	None		None	Mrs. Catheri	ne Peddicord-		
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Every item of i		DISÉA	LEADING TO DEA		man Accord	000000000000000000000000000000000000000	2. 4	3 10	
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INK.	0	DISEASES OR CONDITIONS, IF ANY, GIVING							
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UNFADING Physicians:	2			(0) To	TA MARIA	no out body			
AI	Ē	7	11		110 1	UTRITION & TA	unchion 3 yrs	4.649	
hy	AL CER	TRIBUTING	SIGNIFICANT CONE TO THE DEATH, BUT	NOT RELA	TED	made worder	micros of	(over)	
			F OPERATION		R FINDINGS OF OPE	RATION		20, AUTOPSY	
HH			2	,			A STATE OF THE PARTY OF THE PAR	YES NO	
LY, WITH important.	100	21A. ACCIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimore City	, give exact location)	
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Z.E		21D. TIME OF INJURY	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURE	SALES OF THE SALES	JURY OCCUR?		
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TE		deceased a		5, 1951		rrod at 3 35 m., fro	om the dauses and on		
IS is		23A, SIGNA	~ · · · · ·	7 1		23B. ADDRESS	1. 172 1	23c. DATE SIGNE	
Se 🗮	2	AA. BURIAL.	CREMA- 24B. DATE	toly	M. D.	hutheron H	ID. LOCATION (City, to	5/15/5	
PLEASE WRITE		ON, REMOVAL (S			New Cathedral	The second secon			
EA	D	Burial ATE RECEIVE				25. FUNERAL DIRECT	mondson Ave.,	ADDRESS	
PL		CAL REGIST		L. W	'A .	George J.Ruth	Inc1735 Har	ford Avenue	

3 days PERS (over) 20, AUTOPSY? YES NO ty, give exact location) 9.5 that I last saw the n the date stated above. 23c. DATE SIGNED 5/15/51 wn, or county) (State) Balto: Md. 25. FUNERAL DIRECTOR ADDRESS George J.Ruth, Inc.-1735 Harford Avenue

before admission)

vrite BURAL and give township)

Months Days Hours Min.

1802 Thornbury INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY? USA

Do NOT copy on any transcripts --- for statistical purposes only!

"small bowel resection, 3 years ago, was for adhesive intestinal obstruction with gangrenous bowel"

See Document File 51-4416 5/25/51 ES

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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Leo Callahan OF May 15, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Mospitals INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 402 Newkirk St. (24) c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months; Days | Hours: Min. Male White Aug. 28, 1893 Single IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Labor Restaurant Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Callahan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitsals SECURITY NO 4940 Eastern Avenue Records: NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 6 Mos. Pyonephosis bilateral (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Carcinoma of bladder wall 8 Mos. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED 1 Wk. Cardiac failure TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2C. AUTOPSY Radium implantation to bladder loop resection 21B. PLACE OF INJURY (e. g., in or ebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby eertify that I attended the deceased from 4-2 1951 to 5-15 . 1951, that I last saw the deceased alive on 5-15, 19 51, and that death occurred at 3:50pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 5-16-51 AC. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

5-17-1951

Holv Redeemer

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

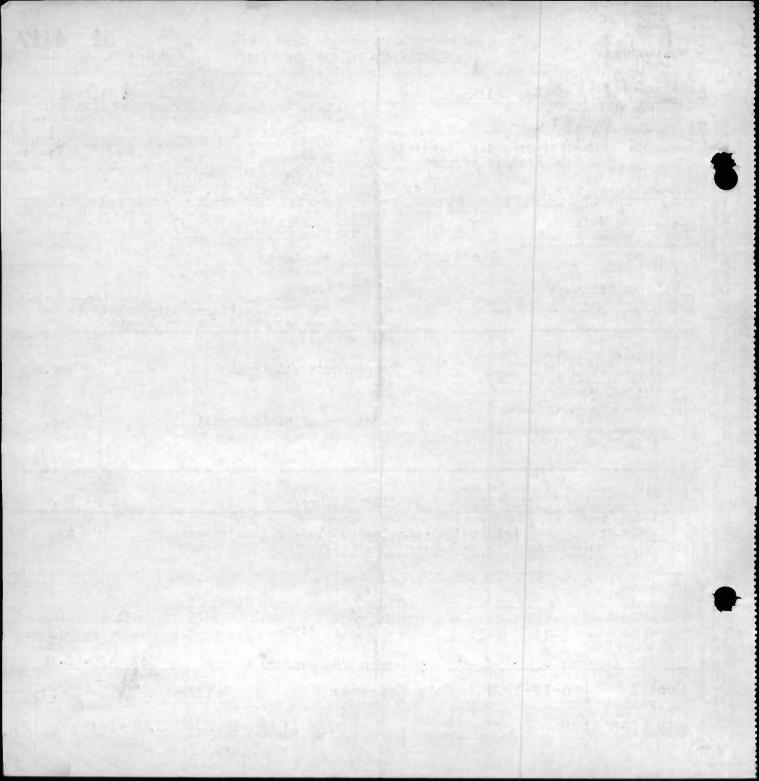
REGISTRAR'S SIGNATURE

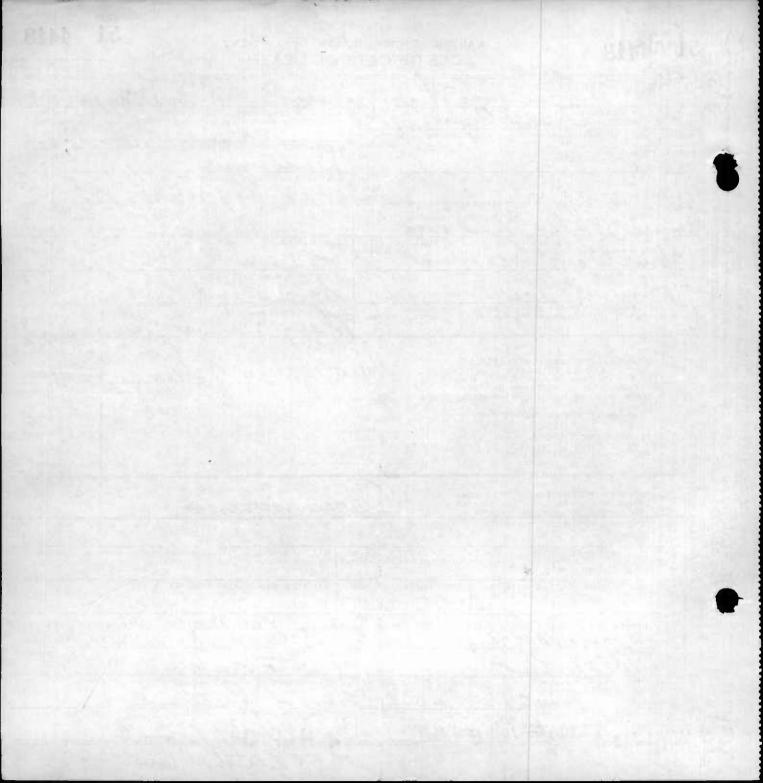
5. FAINERAL DIRECTOR

3000 E. Baltimore

ADDRESS

VS 150



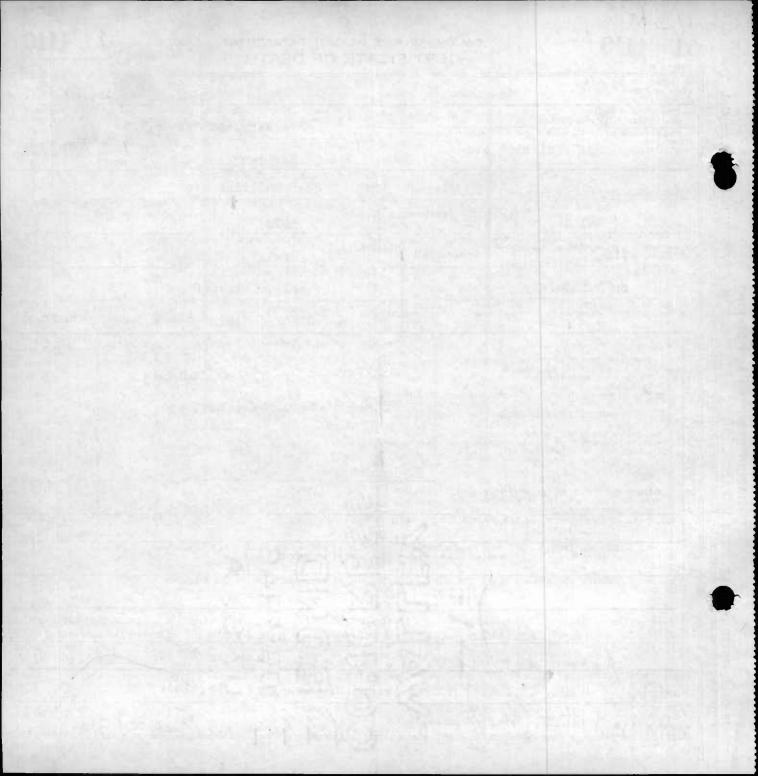


MARGIN RESERVED FOR BINDING

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4419 Registered No.

1. NAME OF DECEASED			2. DATE					
- mm	Goldfuss		OF Ma	y 16,1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	a COUNTY	If institution: residence before idmission				
B. FULL NAME OF (If not in hosp HOSPITAL OR INSTITUTION 2317 Whitt	location)	c. CITY OR TOWN (If		its, write RUIAL and give				
	Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)					
c. Length of stay in Baltimore	30 Yrs Mos.	2317 Whittier						
5. SEX   6. COLOR OR RACE Female   White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year If Under 24 How Months Days Hours Mir				
10A. USUAL OCCUPATION (Give kind orldone during most of working life, even if retire HOUSE WILE	of 108. KIND OF BUSINESS OR OWN home INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME Morton Skimonfsky		14. MOTHER'S MAIDEN N Beverley Tabak						
15. WAS DECEASED EVER IN U. S. ARM Yes, no or unknown) (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Mildred Klei	n 801 N Wa	ADDRESS shington St				
heart failure, asthenia, etc. It m injury or complication which  ANTECEDENT CAR  O DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (AUSTRICE CONDITION UNDERLYING CONDITION UNDER	II (C)							
19a. DATE OF OPERATION		ATION		20. AUTOPSY?				
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City	7, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK								
22. I hereby certify that I attended the deceased from afr. 15, 191/, to may 14, 191/, that I last saw the deceased alive on may 14, 191/. and that death occurred at ba, m., from the gauses and on the date stated above.								
23A. SIGNATURE	/ / / 2	38. ADDRESS Exitar		23c. DATE SIGNED				
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial May 1	24c. NAME OF CEMETE	the court of the c	OCATION (City, tov Baltimore Mo					
	RE SIGNATURE	25. FUNERAL DIRECTOR	e Bus 9	ADDRESS 1/26 1) Worth, and				
VS 150	A STATE OF THE STA	4 4 / 1		942				



VS 150

23C. DATE SIGNED DDRESS

51 4420

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

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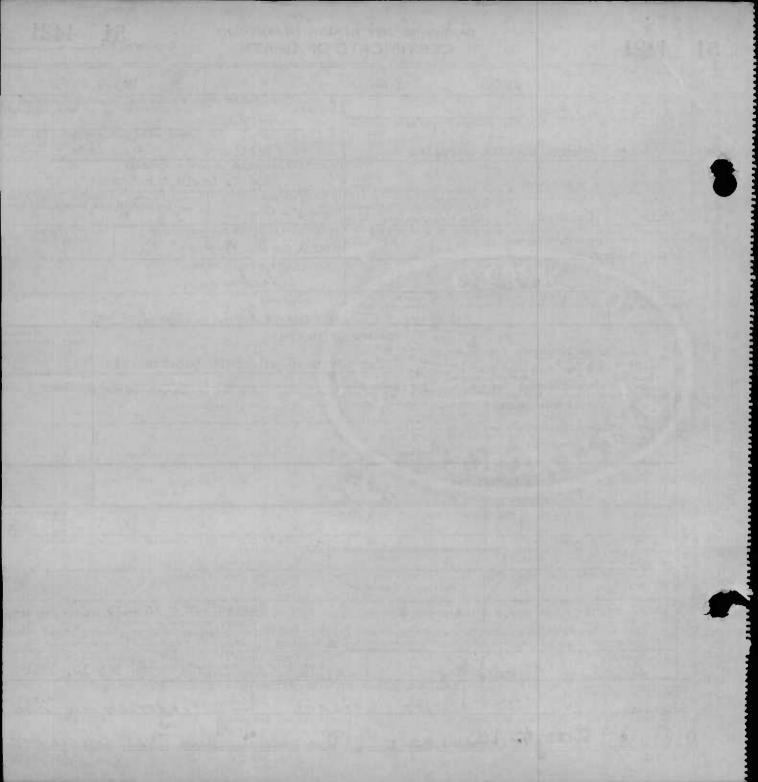
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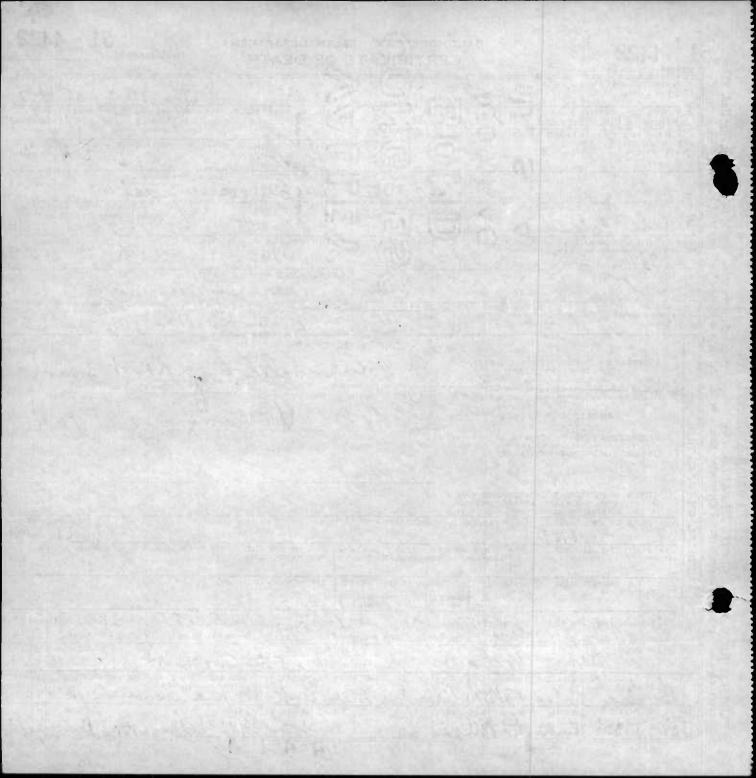
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MAKGIN KESER	UNFADING INK.	Physicians: please
	NLY, WITH	important.
1	TE I	espectary

2 5 0 BIRTHANS!	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	4421			
1. NAME OF DECEASED (Type or Print)  JAME	S HOGWOOD	)	2. DATE OF May 9	, 1951			
3. PLACE OF DEATH:  A Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or	institution, give street address or	4. USUAL RESIDENCE (W) A. STATE Maryland		titution: residence before admission			
HOSPITAL OF INSTITUTION  Johns Hopkin	location)		outside corporate limits, v	vrite RURAL and gi			
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r. 808 E. Le	ural, give location) exington Stree	t			
5. SEX   6. COLOR OR RACE   7.	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		er 1 Year   If Under 24 Hou			
	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Newark, N.J		CITIZEN OF WHAT COUNTR			
13. FATHER'S NAME	2.~~	14. MOTHER'S MAIDEN NA					
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Veterans Adm.		RESS			
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause  ANTECEDENT CAUSES	ectly Far a fing, e.g., (A)	OF DEATH		INTERVAL BETWEE			
DISEASES OR CONDITIONS, IF AN UNDERLYING CONDITION LAST.	TING THE DUE TO						
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED						
19a. DATE OF OPERATION 19B. N	MAJOR FINDINGS OF OPER	ATION		YES ND			
(1 21A. EXTERNAL CAUSE WAS   2	n or 21c. WHERE DID (If induction)	in Baltimore City, give	exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
22. I certify that I took charge of the evidence obtained by said and death in my opinion rest	Autopsy, Inspection or I	Autopsy, In inquiry, find that said dec	nspection or Inquiry reased died on the one in the one	day stated abovetermined [].			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  DATE RECEIVED BY REGISTRAR'S SIL  LOCAL REGISTRAR	Balto. Nate	.D.   MEDICAL INVESTIGATO	CATION (City, town, or Frederick	Ave. Ma.  Ave. Ma.  Aison Arg			
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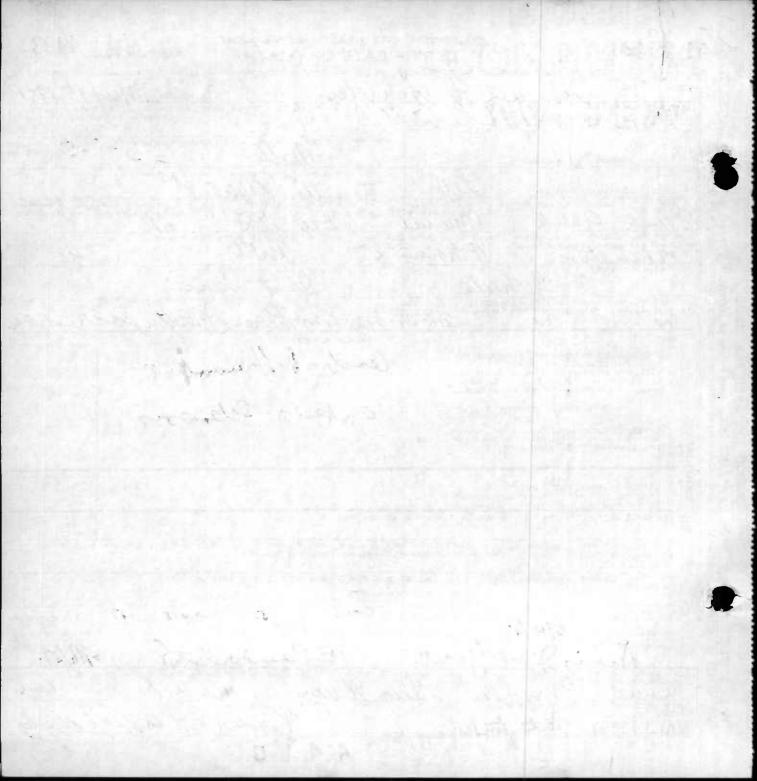


VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 4 B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUI Aland give (dinship) D. STREET ADDRESS (If rural, give location) Yrs. Mus. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OF RACE 8. DATE OF BIRTH AGE (In years) It Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) fast birthday) Months: Days Hours: Min. ug. 16, 1908 29 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY Tureur mel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. 18. DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) П RT OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE HOMICIDE (Specify) about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 5-9-5 PLEASE WRITE P 19 to 5-15-51, 19 that I last saw the deceased alive on 3-/3-5 and that death occurred at 0.46 L.m., from the causes and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATAON (City, town, or county 24A. BURIAL, CREMA-24B. DATE 240 NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS



1 4423 BIRTH NO.	BALTIMORE CITY HEA		T Registered	1 4423
1. NAME OF DECEASED (Type or Print)	2 9/ Schaele	K	2. DATE OF DEATH	144 15,1951
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital of		4. USUAL RESIDENCE	(Where deceased lived, ) B. COUNTY	If invitation residence before admission
HOSPITAL OR INSTITUTION		Walls	If outside coporate im	its, write RUNAL and gi townshi
c. Length of stay in Baltimore	Lefe Yrs. Mos. Days	17/8 Ligh	If rural, give location)	
gemal golite	WIDOWED, DIVORCED (Specify)	Dec 1883	67	I Under I Year H Under 24 Hours Min
nrk dane string most of working life, even if retired)	Pholy by	1. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Wh	ela	Low Walden	MAME MOU	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war nr dates of	ORCES? 16. SOCIAL SECURITY NO. 2/6-09-0927	My Honer	Moseth 10	ADDRESS Randal A
DISEASE OR CONDITION DIFLET CONDITION DIFLET CONDITION DIFLET CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AIR RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	ying, e. g., (A)	book Hours	lesonis	ONSET AND DEAT
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED			
19A. DATE OF OPERATION   19B.	MAJOR FINDINGS OF OPERAT	TION		20. AUTOPSY?
LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., in of cout home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (HOF INJURY	m. WHILE AT NOT WHILE		RY OCCUR?	
22. I hereby certify that I attend deceased alive on 5/4 /17, 1	9 and that death occurre	ed at 9500 m., from	the causes and on	
23A. SIGNATURE  24A. BURIAL. CREMA: 24F. BATE	Jath M. O. 23B	E Randa	LOCATION (City, tow	23C DATE SIGNE 5/16/17), n, or county) (State
Suna May 18,	1951 Ilen 80	uer	a. a. bo	Mes
LOCAL REGISTRAR MAY 171951	TO NUICE	S. EUNERAL DIRECTOR	1 8 samo 14	sol sharlo
VS 150		and the same of th		1 /11



TH	UNFADING	INK.	TH UNFADING INK. Every item of information should be	
nt.	Physicians: 1	please	write the causes of death clearly and legroy.	
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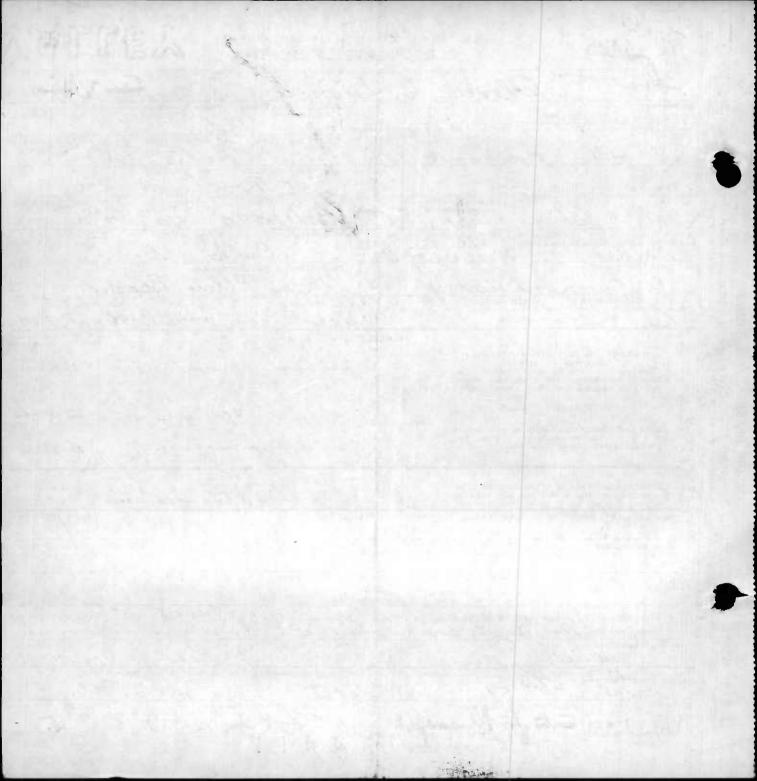
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4424 Registered No.

(Type or Pr	of DECEASED int)	Mary	Sughrue		2. DATE OF DEATH MAY	16.1951		
	or City, Maryland			4. USUAL RESIDENCE (		institution: residence before admission)		
B. FULL N	AME OF (If not in hospit		tion, give street address or					
HOSPITAL	ON Dallimore			- C. C. T. C	f outside corporate limi	ts write RIUMAL and give township)		
31	4940 East	ern Av	enue	Baltimore	16	( cownsmp)		
9			Yrs. W Mos.		rural, give location)			
	of stay in Baltimore		74 Irs. Days	B.C.E. 4940 E	astern Avenue			
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	f Under 1 Year   If Under 24 Hours on the Days Hours Min.		
Female	White		owed	May 8,1875	76	24,0		
10A. USUA	L OCCUPATION (Give kind of g most of working life, even if retired)	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or 1	(oreign country)	12. CITIZEN OF WHAT COUNTRY?		
7	love	-	- INDUSTRI	Maryland		WHAT COUNTRY?		
13. FATHE				14. MOTHER'S MAIDEN N	IAME			
	Morley (D)			Bridgett Keatin	ng (D)			
15. WAS DE (Yes, no or unk	CEASED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Baltin	nore City Hos	Bartsses		
No		_	020011111101	Records: 4940 I		~		
18.	465x.		CAUSE	OF DEATH		INTERVAL BETWEEN		
DI	SEASE OR CONDITION	DIRECTLY				ONSE! AND DEATH		
(This	LEADING TO DEA's does not mean the mode of	TH of dving, e.	Pulmon	ary embolism		6 Hrs.		
heart	t failure, asthenia, etc. It mea y or complication which o	ins the diseas	se,		***************************************			
			., 502 10					
-	ANTECEDENT CAUS	SES						
	ASES OR CONDITIONS,			***************************************				
F UND	TO THE ABOVE CAUSE (A)		HE DUE TO					
0			(C)	***************************************	***************************************			
ОТН								
OTHI	ER SIGNIFICANT CONDI				T) a	1 / 1/		
	HE DISEASE OR CONDITION			ve cardiovascula	r Disease	6 Mos.		
	TE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		2C. AUTOPSY?		
21A. A						YES NO L		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						give exact location)		
21D. TII	ME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
OF INJ	URY	m.	WHILE AT NOT WHILE					
22 7 1			9	_31 .45	5-16 19 5	1		
	· I hereby certify that I attended the deceased from 1-31, 1945, to 5-16, 1951, that I last saw the ceased alive on 5-16, 1951, and that death occurred at 3:45am., from the causes and on the date stated above.							
	GNATURE J-10	_, 19_51	and that death occur	238. ADDRESS	tre eauses and on t	1 23c. DATE SIGNED		
200.01	01	( )		4940 Eastern Ave	20110	5-16-51		
	AL. GRENA- 24B. DATE		ZAC. NAME OF CEMETE		OCATION (City, town			
TION REMOV	AL (Specify) 5/20/	-, "	att.	1- 0	Box of	nel		
DATE REC	EIVED BY   REGISTRAR	SSIGNATI	IRF	25. FUNERAL DIRECTOR	· Sec. 10.	ADDRESS		
LOCAL RE		- K/16	Saul A M M	1000 11 0	Inen Ba	0 0-7		
WAY								
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-		125				OF DEATH		Registere	51 d No.—	4425
	RTH NO.	ECEACED								
T	NAME OF Di ype or Print)	(	Hive	, D.	Di	MEY	2	OF DEATH	/15	/1951
Α.		City, Maryland				4. USUAL RESIDEN	NCE (When	re deceased lived B. COUNTY		ution: residence before admission)
	FULL NAME	OF (If not in ho	spital or instituti		ress or	c, CITY OR TOWN	(If out	eido cornovato li	mite wei	teRURAL and give
IN	ISTITUTION	146 R	ost Bar	K am		c. CITT OR TOWN	Ba	2to	7-7-	township)
					Yrs.	D. STREET ADDRES	S (If rur	al, give location)		
2.	Length of st	tay in Baltimor	e		Mos. Days	355 K	0581	hank	de	K
5.	SEX	6. COLOR OR RA		MARRIED,		B. DATE OF BIRTH	9	. AGE (In years	If Under 1	Year   If Under 24 Hours Days   Hours : Min.
1	Mala	White	Ma	mnied	ороси у/	10/1/18	80	70	7	14
0	A. USUAL OC	CUPATION (Give ki		OF BUSINESS		11. BIRTHPLACE (St	ate or forei	gn country)		CITIZEN OF
	Pack	4 A	2.4	ou of a	7/5	34	elto.	md.		WHAT COUNTRY?
13	FATHER'S	NAME.	O C	7	- 0	14. MOTHER'S MAIL	DEN NAM	E		1/
	a.c	416811	Ox linn	911	:00	Monne	Elle	u Bor	de	,
15	. WAS DECEASE	ED EVER IN U.S. AF	MED FORCES?	18. SOCIAL	=	7. INFORMANT		7 . 032	ADDRE	SS
ľe	e, nn or unknown)	(If yes, give war or	dates of service)	SECURITY	NO.	and Chi	ene 11	441 Ra	a fam	all ain
7	18. 401			CAL	ISE O	F DEATH	neu	/ 6 / 6	11	NTERVAL BETWEEN
	791	X I	N. DIDECTIV	CAL	JSE U	PEATH	/		c	NSET AND DEATH
		LEADING TO	EATH		0	rebral !	She se	. Lanie	/	4 days
	heart failu	not mean the mo re, asthenia, etc. It	means the disease	,			10000	~ o-vece		27000
	injury or	complication which	ch caused death.	) DUE TO						
		ANTECEDENT C	AUSES	(B)	neso	cardial	Zail	ure		2, weeks
)		HE ABOVE CAUSE			11	, , ,	7			
(	UNDERLY	ING CONDITION	LAST.	(C)	12r	oucho so	un	qued.		4- mecho
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	TRIBUTING	IGNIFICANT CO	BUT NOT RELATE	0 -1	use	alezak o	11/1	reach.	111-	7
)		ISEASE OR CONDIT					er-	- COURT	1	
ļ	ISA. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF	OPERA	TION			13	20. AUTOPSY?
ì	214 ACCID	ENT WAS UNDE	D   218. PLA	CE OF INJURY	(e. g., in	or   21c. WHERE DI	D (If i	n Baltimore Cit	v. give e	YES NO W
ם ב		R CONTRIBUTING		arm, factory, street, offic	ce bldg., etc	) INJURY OCCUR			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
-	21D. TIME ( OF INJURY	(Month) (Day) (Y	ear) (Hour)	TE. INJURY OC	CURRE	21F. HOW DID	INJURY O	CCUR?		
	OI INSORT		m	WORK NOT	WHILE					
d	22 I harah	y certify that I	attended the		01	W // , 1951,	1 m	caes 15 10	CT 12	at I last sam Ab -
ı						ed at 4 P. m.,				
H	23A. SIGNAT			ina inai acain		B. ADDRESS	jion ene	, )	-	C. DATE SIGNED
	6/	ederich (	1. Walls	un / M.	D. (	5100 you	k it	oad.	m	an 16, 1951
		CREWA- 248. DAT	E 2	4c. NAME OF CE	METER	Y OR CREMATORY		ATION (City, to	wn. or co	
T	ON REMOVALTS	2 5/1	8/51	Mt.	Oli	vet	/	Balto	. m	1.
	ATE RECEIVE		AR'S SIGNATU			25. FUNERAL DIRE			ADI	DRESS
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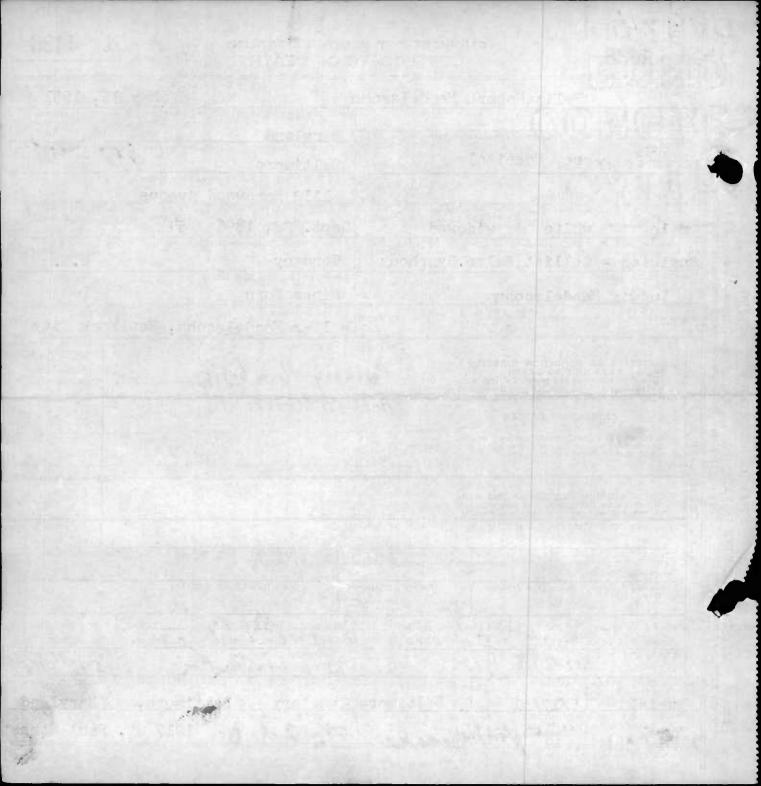
## BALTIMORE CITY HEALTH DEPARTMENT

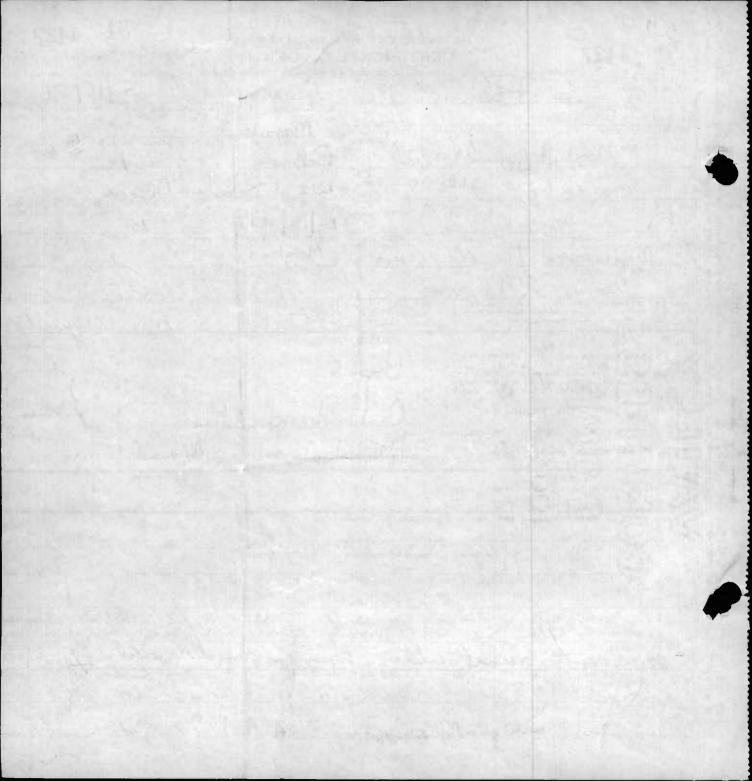
Registered No. 4426

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- 11	IRTH NO.	0		CERTIFICA	E OF DEAT		2108-01010		
-	NAME OF DE	CEASED				12	DATE		
(T	Type or Print)	Felix F	lobert	Mendelssoh	n			15, 1951	
	PLACE OF DE	EATH: ity, Maryland			4. USUAL RESID	ENCE (When		finstitution: residence before admission)	
	FULL NAME		al or institut	ion, give street address			B. COUNTY	before aumission)	
H	OSPITAL OR			locatio		(If out	side corporate livi		
7 4		Mercy Hos	pital		Baltimor	e	- 1	(cownship)	
21.0				Yrs Mos		ESS (If rura	al, give location)		
		ay in Baltimore		Day					
all a	male	6.COLOR OR RACE	WIDOW	E. MARRIED. ZED, DIYORCED (Speci OWED	Sept. 27,	1896		H Under 1 Year H Under 24 Hours onths Days Hours Min.	
10	DA. USUAL OC	CUPATION (Givekind of	IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (		gn country)	12. CITIZEN OF	
M ₁	usician	working life, even if retired) - Cellist	Balto	.Symphony	Germany			WHAT COUNTRY?	
13	3. FATHER'S N				14. MOTHER'S MA	AIDEN NAME			
	Ludwis	Mendelsso	hn		Minna Do	rn			
15 (Ye	5. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT ADDRESS				
1	, no or unanoma,	(11 ) 000 11 10 11 01 01 11 11	or service,	SECORITY NO.	Walter Me	ndelss	ohn, New	York City	
	18. 45	011		CAUSE	OF DEATH			INTERVAL BETWEEN	
		E OR CONDITION	DIRECTLY	0	11	1.		CHSET AND DEATH	
	(This does	not mean the mode of	f dying, e. g	(A)	mary thro	n 60315	**********************	00-000000-	
	injury or	e, asthenia, etc. It mea complication which c	aused death	-,	inose leros				
	L	ANTECEDENT CAUS	ES	וייןו	maje certs	15			
TION	DISFACES	OR CONDITIONS, II	ANY COUR	(B)	***************************************	*******************	>> 1 * * * * >> * > * * * * * * * * * *	***************************************	
OF OF	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO					
CERTIFICA'	ONDERE	ING CONDITION EX	51,	(C)	***************************************	*****************	***************************************	***************************************	
E		11							
RTI		GNIFICANT CONDI							
CE		SEASE OR CONDITION							
CAL	19a. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OP	ERATION	District of		YES NO	
1EDIC	LYING OF	ENT WAS UNDER CONTRIBUTING	2 IB. PLA	ACE OF INJURY (e. g arm, factory, street, office bld	, in or 21c. WHERE I	DID (If in JR?	Baltimore City,	give exact location)	
MEDICAL	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DIE	NJURY O	CCUR?		
9	OF INJURY		m.	WHILE AT NOT WHILE WORK AT WOR			*L		
	22. I hereby	certify that I at			/	7, to May	7 195	I, that I last saw the	
		ive on May 7 FC	19.5/	and that death occ				the date stated above.	
	23A. SIGNAT		77		23B. ADDRESS ,	~		23c. DATE SIGNED	
		וווודיייו וו	1)()	м. р.	2516 LI	aven H	M	5-16-1951	
717	4A. BURIAL. CON. REMOVAL (S	REMA- 24B. DATE pecify)		24c. NAME OF CEME	ERY OR CREMATORY	240. LOCA	ATION (City, town	, or county) (State)	
-	burial	5/17/5			e Cemetery	Bal	timore,	Maryland	
	ATE RECEIVED	DAD .	SSIGNATU		25. FUNERAL DIE	RECTOR		ADDRESS	
Di		TATE OF THE PARTY	Jan IV	B. A. G. O.	Wm Good	P. ALC	1217 St	. Paul Stree	

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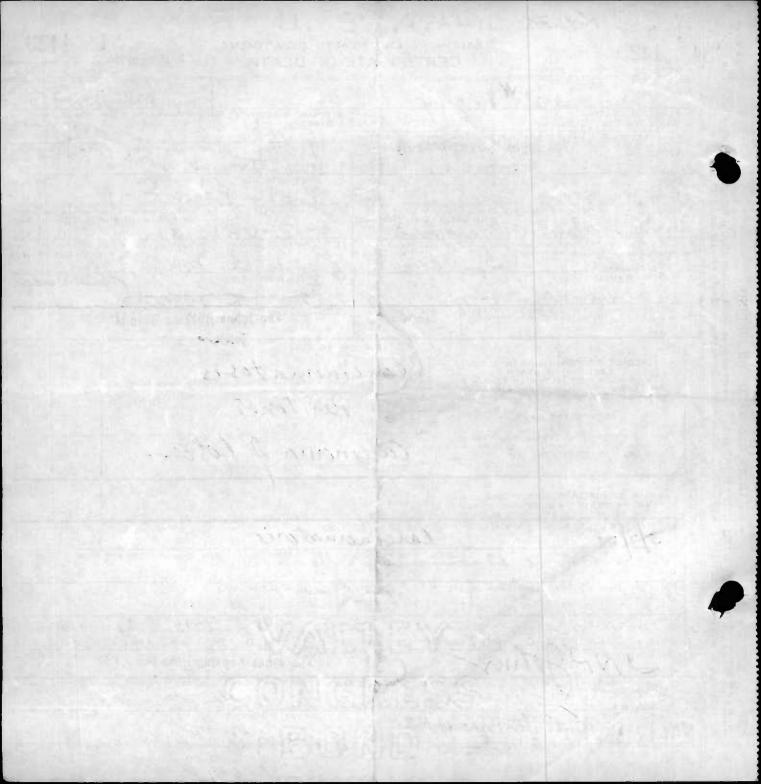




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KYLER Hall 4429 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If distitution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or The Johns Hopkins Hospital location) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate its, wite DURAL and give INSTITUTION township) Baltimore 5. Md LAM (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 9. AGC (In years II Under I Year II Under 24 Hours last birthday) Months Daya Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH information should l WIDOWED, DIVORCED (Specify) -69 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done dying most of working life, even if retired) INDUSTRY WHAT COUNTRY Handor 21.8. 00, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Janua Usaaco BINDIN 15. WAS DECEASED EVER IN U. S. RMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN Jehns Hopkins Hospital PRESS (Yes, no or unknown) SECURITY NO. causes Jo Baltimore 5. Md. Every item write the cau 18. INTERVAL BETWEEN CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO Peritonei ANTECEDENT CAUSES INK. NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE RTIFICATI UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ΰ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF QPERATION 20. AUTOPSY WITH runana important. MEDICA 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, glve exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK TE PI espece 1957, to. 22. I hereby eertify that I attended the deceased from. 195 1. that I last saw the WRITE ge is espe 19 5 1, and that death occurred at Pm., from the causes and on the date stated above. deceased alive on. 238. ADDRESS Johns Hopkins Hospite! 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) PLEASE TION, REMOVAL (Specify) Bureal DATE RECEIVED BY REGISTRAT'S S 25. FUNERAL DIRECTOR ADDRESS 171951 VS 150



INK	please
UNFADING	Physicians:
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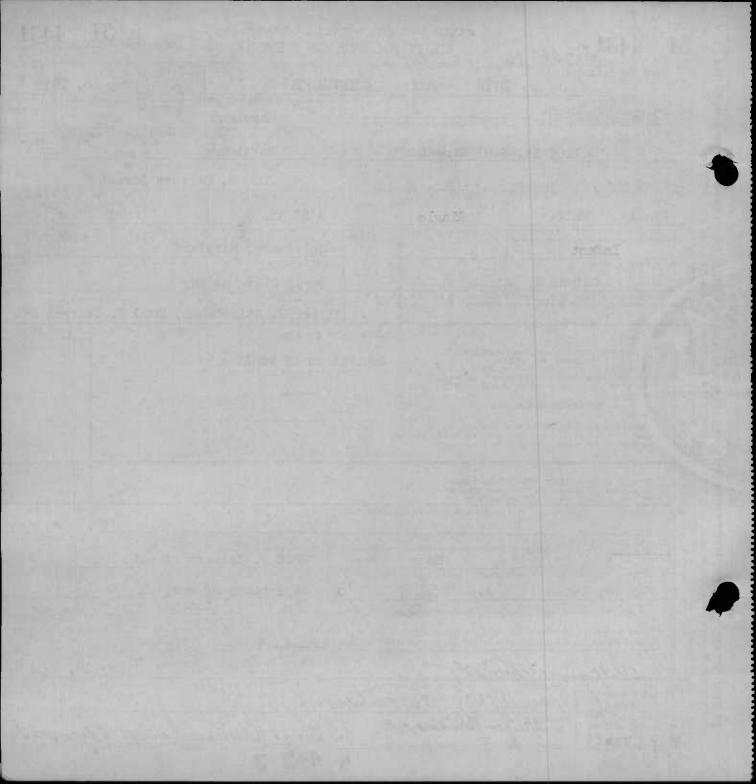
525
4430
BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 Registered No. 4430

(T;	NAME OF D ype or Print)	EATH:		K. Johnson	4. USUAL RESIDENCE (V	2. DATE OF DEATH MAY Where deceased lived, If in		
B. HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	tal or institut	larcroft Roa ion, give street address or location)	Mary			
1	Δ				Baltimor	Baltimore //-40		
				Life Yrs.	D. STREET ADDRESS (If	rural, give location)		
	Length of stay in Baltimore Days				710 Cedarcr			
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Un last birthday) Mont	det l Year   If Under 24 Hours hs: Days   Hours   Min.	
F	emale	White		rried	Sept 18 1893	57		
10	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	I 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore		2. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	sewife NAME			14. MOTHER'S MAIDEN N			
				AS DO UANTE				
1.65	Andrew N. Sapp . WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL			Anna Mueller				
(Yes	, no or unknown)	(If yes, give wer or dete		SECURITY NO.	17. INFORMANT ADDRESS			
					Roy B. Johnson	710 Cedarci		
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN	
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO					Truce		
RTIFICATION	RISE TO UNDERL	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVII STATING T AST.	(C)	ser Lennise Co	rdis vascular	2075.	
ш	TRIBUTIN	BIGNIFICANT COND G TO THE DEATH, BUT	NOT RELAT	ED				
O	TO THE DISEASE OR CONDITION CAUSING IT.				PATION		20. AUTOPSY?	
AL	ISA. DAIL	OF ERATION O	ISB. MASON	THE HADINGS OF OF EI	ATTON		YES NO V	
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	21B. PL.	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City, giv	1	
2	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?		
	22. I hereby certify that I attended the deceased from flow, 1950, to May, 1951, that I last saw the							
	deceased alive on 2664, 1951, and that death occurred at 11.454 m., from the causes and on the date stated above.							
	23A. SIGNATURE   23B, ADDRESS   23C. DATE SIGN							
	1/	Erich Q. Va	11	M. D.	/ / / /	oad.	may 16 1951	
24	A. BURIAL.				RY OR CREMATORY   240. L	OCATION (City, town, or	reounty) (State)	
TIC			0 105	Donlawood	/ Do	rkville Md		
	Burial	May 1			ME FUNERAL BURECTOR		ADDRESS	
D/	ATE RECEIVE	D BY   REGISTRAR						
D/LC	ATE RECEIVE CAL REGIST	RAR REGISTRAR	TO MALL	and, the	Jarry Holsman	V	gewood Ave	

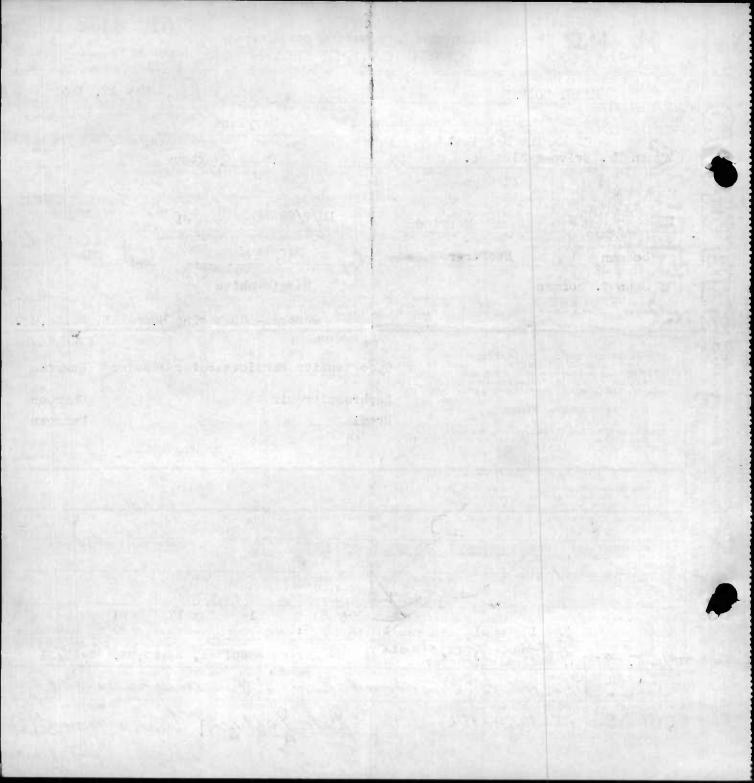
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51 4432 _ BALTIMORE CIT	TY HEALTH DEPARTMENT \ 51. 4432					
1 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	CATE OF DEATH Registered No.					
BIRTH NO. O 23 3						
(Type or Print) HARRY BOZMAN	OF May 17, 1951					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Manyland B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR US Marine Hospital	dress or cation) C. CITY OR TOWN (If outside corporate limits, write RUKAL and give					
Wyman Pk. Drive & 31st St.	Demes Quarters township)					
60	Yrs. D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore	Mos. Days					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED Married	(Specify)  8. DATE OF BIRTH 10/7/89  9. AGE (In years It Under 7 Year It Under 24 Hours Min.  9. AGE (In years It Under 24 Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of work log life, even if retired)  10B. KIND OF BUSINESS INDICATED	WHAT COUNTRY					
Seaman Seafarer	Maryland USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John T. Bozman	Maggie White					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or detector of corvice) ?	Records- US Marine Hospital, Balto, Md.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	USE OF DEATH  Hypertensive cardiovascular disease  Unknown  Nephrosclerosis  Unknown  Unknown  Unknown					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
194. DATE OF OPERATION   198. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY?					
N N N N N N N N N N N N N N N N N N N	YES NO X					
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING booth home, farm, factory, street, office bldg., stc.) CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) OF INJURY  WHILE AT WORK						
deceased alive on May 17, 19 51, and that death	22. I hereby certify that I attended the deceased from May 5, 1951 to May 17, 1951 that I last saw the deceased alive on May 17, 1951 and that death occurred at 6:10 Am., from the causes and on the date stated above.					
John L. Wilson, Medical Director						
24A. BURIAL, CREMA- (2AB. DATE TION REMOVAL (Specify) (May 1924/95) Lames he	EMETERY OR CREMATORY 240 LOCATION (City, town, or county) (State)  THE BETT COUNTY (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Bale Dasheel Princes anne Md.					
10.450	A A G D Wanted					

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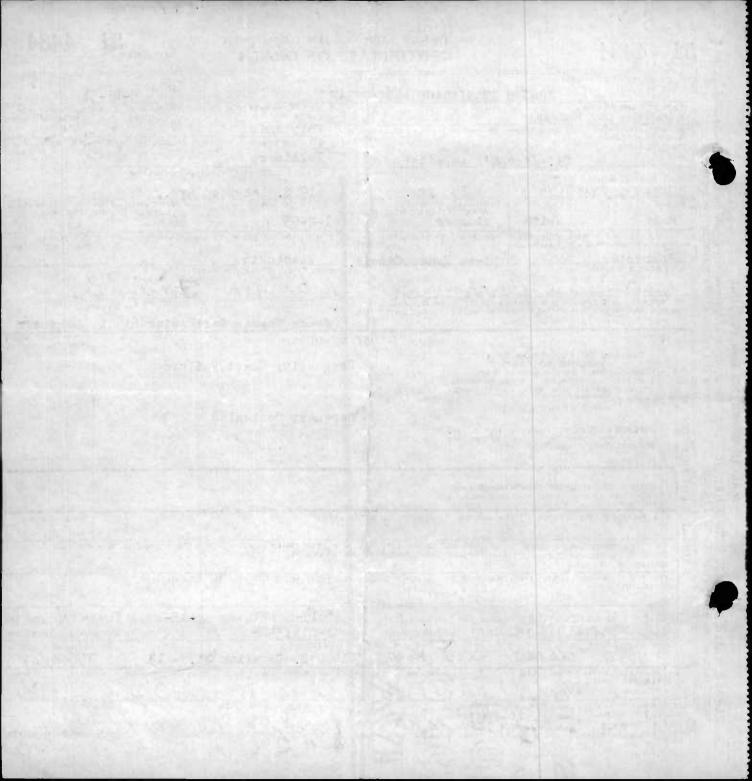
	7.2 1400	EALTH DEPARTMENT 51 4433	
	BIRTH NO. B- 422 CERTIFICATI		
	(Type or Print) Manie Burness	2. DATE OF DEATH MANN	16,1951
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If he a. STATE B. COUNTY	titudion : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		vrite RURAL and give
1	PARAS POPLIES HOSPITAL	anlington	township)
	Yrs. Mos. C. Length of stay in Baltimore Dava	D. STREET ADDRESS Of rural, give location)	
1	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		er I Year   If Under 24 Hours ns: Days   Hours   Min.
-	Tomale White Murned  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	8-30-27 23	
1	rork done during most of working life, even if retired)  INDUSTRY		WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Lucy Hammett	
	(Yes, no nr unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOSPITY	RESS
-	18. 795. 2 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	20:00	STAND DEATH
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		~ ~~·
	ANTECEDENT CAUSES		
	DISEASES OR CONDITIONS, IF ANY, GIVING		
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	erlying cause of death unknown	(over)
- 14			
- 11	OTHER SIGNIFICANT CONDITIONS CON-	masses - no malignancy	
	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		20. AUJOPSY?
	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in	n or   21c. WHERE DID (If in Baltimore City, give	YES NO
	LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	INJURY OCCUR?	e exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE		
	- the first and a description of the description of	-10 195), to 5-16 , 195/, t	hat I last saw the
		CIB. ADDRESS SOLLS HOPKIRS HOSPITAL	23c. DATE SIGNED
-	24a. BUTAL, CREMA, 24B. DATE 24C, NAME OF DELETE		county) (State)
	Removal 5/17/51	Arlington, Va.	
1	DATE RECEIVED BY REGISTRATE SIGNATURE	297FUNERAL DIRECTOR	DDRESS
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	Vs 150	120 8 150	ero ma

See Document File 51-4433 8/28/51 ES

Letter from Dr. Moses Paulson

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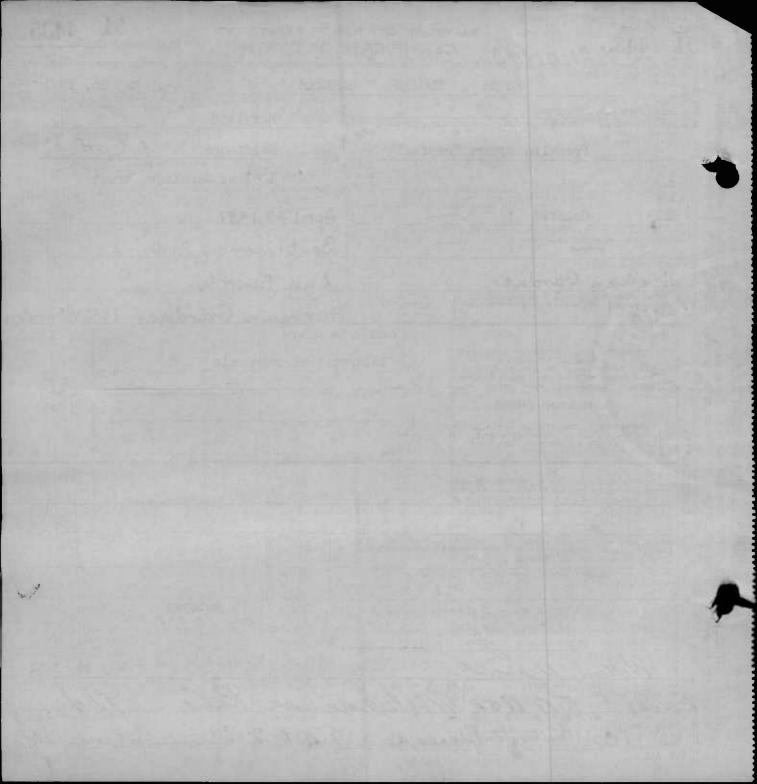
Carry of Points   Control   Control   Carry	B agr	51	63 2 L 443	4	BALTIMORE CITY H	EALTH DEPARTMEN	Registered N	1 4434
St. Jeseph's Hepital  St. Jeseph's Hepital  St. Jeseph's Hepital  Yes.  St. Sex Sc. Color or RACE 7. SINGLE MARRIED  SEX Male					STANISLAUS BARTKOWI	IAK	OF F 35	-51
St. Jeseph's Hepital  St. Jeseph's Hepital  St. Jeseph's Hepital  Yes.  St. Sex Sc. Color or RACE 7. SINGLE MARRIED  SEX Male	suppli	Α.	Baltimore (	EATH: City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If	institution : residence before admission
Length of stay in Baltimore  55 YTS  Days  619 S. Lekeweed Ave. 24  5. SEX  6. COLOR OR RACE  Without Manual  With With Widewed  No. SUAL OCCUPATION (Givernated or one industry)  TO A. SUAL OCCUPATION (Givernated or one industry)  TO A. SUAL OCCUPATION (Givernated or one industry)  TO A. SUAL OCCUPATION (Givernated or one industry)  TO THE STATES NAME  15. FATHER'S NAME  15. WAS DECLASED LYCR IN U. S. ARRED FORCES?  16. SOCIAL  17. INFORMANT  18. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRED FORCES?  19. WAS DECLASED LYCR IN U. S. ARRE	All.	H	OSPITAL OR		location	c. CITY OR TOWN	(If outside corporate limit	write RURAL and give township
Inspector  13. Fathers Name    State Reads Commis   14. Mothers Maiden Name   14. Mothers Maiden Name   15. Mas Deceased Dever in u. s. Anneo Forects   16. Social   17. Informant   James Themas Bartkewiak-619 S. Lakewee   18.	elegibi	c.	Length of s		Yrs. Mos.			
Inspector  13. Fathers Name    State Reads Commis   14. Mothers Maiden Name   14. Mothers Maiden Name   15. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   James Themas Bartkewiak-619 S. Lakewee   18.	and be	5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years   Mo	nths Days Hours Min.
James Thomas Bartkowiak-619 S. Lakewee  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, athenia, etc. I means the disease, injury or complication which caused death.)  ANTECDENT CAUSES  OUTPUT  ANTECDENT CAUSES  (8)  Coronary Occlusion  DISEASE OR CONDITIONS, FANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20A AUTOPS: VES NO NOTWING MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about booss, farm, factory, street, office bidg., etc.)  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR	shou learly	10 worl	k done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		
James Thomas Bartkowiak-619 S. Lakewee  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., harf failure, askinshi, etc. It means the disease, injury or complication which caused death.)  ANTECDENT CAUSES  (a)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION LAST.  (b)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  20A. AUTOPS: VES NO NOTWING  AVOID TO THE DEATH OF CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  10A. DATE OF OPERATION  19A. DATE OF OPERATION  21B. PLACE OF INJURY (a.g., in or	rationation	13			State Reads Commis.		NAME 10'	0
James Thomas Bartkowiak-619 S. Lakewee  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, athenia, etc. I means the disease, injury or complication which caused death.)  ANTECDENT CAUSES  OUTPUT  ANTECDENT CAUSES  (8)  Coronary Occlusion  DISEASE OR CONDITIONS, FANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20A AUTOPS: VES NO NOTWING MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about booss, farm, factory, street, office bidg., etc.)  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR	inform of de	15 (Yes	. WAS DECEASE e, no or unknown)	D EVER IN U. S. ARMED	FORCEST 16. SOCIAL SECURITY NO.	Rataryyna 17. INFORMANT	- Filipi	DDRESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  Note: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complication which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complexition which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complexition which caused death.)  NOTE: The does not mean the mode of dying, e.g., heart failure, asthemia, etc. Immens the disease, injury or complexition which caused death.)  NOTE: The does not mean the mode of death.)  NOTE: The does not mean the mode of dying, e.g., in or contains the death.)  NOTE: The does not mean the mode of dying, e.g., in or contains the death.)  NOTE: The does not mean the mode of dying, e.g., in or contains the death.)  NOTE: The does n	BIN of iuses		18. 42	0.1.			Bartkewiak-619	INTERVAL BETWEEN
ANTECEDENT CAUSES    Coronary Occlusion   Coronary   Coron	FO ite	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)  Congestive Heart Failure						
UNDERLYING CONDITION LAST.  (c)  UNDERLYING CONDITION LAST.  (d)  UNDERLYING CONDITION CONTRIBUTIONS CONTRIBUTION CONTRI	Even Write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
UNDERLYING CONDITION LAST.  (c)  UNDERLYING CONDITION LAST.  (d)  UNDERLYING CONDITION CONTRIBUTIONS CONTRIBUTION CONTRI	ESEI INK.	N O	DISEASES	OR CONDITIONS, IF	(8)	Cerenary Occlusion	•n	
19a. Date of Operation   19b. Major findings of Operation   20. Autops:   No   21a. Accident was under Lying or Contributing   21b. Place of injury (e.g., in or Lying or Contributing   21b. Place of injury occurred injury occurred   21b. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred at 11. 550M, from the causes and on the date stated ab   22a. Signature   23b. Address   23b. Address   23b. Address   23b. Address   23b. Address   23c. Date signature   24c. Name of Cemetery or Crematory   24d. Location (City, town, or county)   (Stephen of the country of the cou		ICAT	UNDERLY	TING CONDITION LA	ST.			
19a. Date of Operation   19b. Major findings of Operation   20. Autops:   No   21d. Accident was under Lying or Contributing   21b. Place of injury (e.g., in or Lying or Contributing   21b. Place of injury occur?   21c. Where Did injury occur?   21c. Time (Month) (Day) (Year) (Hour)   21e. Injury occurred at 12.550M, from the causes and on the date stated ab   22d. Significant of the course	MARG NFAD nysicia	ERTIF	TRIBUTING	IGNIFICANT CONDITO THE DEATH, BUT	NOT RELATED			
LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   about home, tarm, factory, atreet, once bide, etc.)  LYING OR CONTRIBUTING   21E. INJURY OCCUR?  LYING OR CONTRIBUTING   21F. HOW DID INJURY OCCUR?  LYING OR CONTRIBUTION   21F. HOW DID INJURY OCCUR?  LYING OR	D H	LC				RATION		20. AUTOPSY?
OF INJURY    WHILE AT   NOT WHILE   AT WORK	, WIT	EDICA	LYING OF	CONTRIBUTING			(If in Baltimore City, g	
22. I hereby certify that I attended the deceased from 5-14-, 151, to 5-15-, 1951, that I last saw deceased alive on 5-15-, 1951. and that death occurred at 11:559M, from the causes and on the date stated ab 23A. SIGNATURE  23A. SIGNATURE  23A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sterior Received by Local Registrar Received by Local Registrar Received by Local Registrar Registrar Received by Local R		Σ	210. TIME		WHILE AT NOT WHILE		JRY OCCUR?	
23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23B. ADDRESS 1400 N. Caroline St 13  24C. DATE SIGNATURE  24A. BURIAL, CREMA- 110N, REMOVAL (Specify)  24	E P				ended the deceased from	5-14- , 1951 , to_		
MAY 7"951 Hawaii Ang I suama page 11 Massar LOY NOT LESS 232 TON	WRIT e is e		23A. SIGN	TURE .		23B. ADDRESS		23c. DATE SIGNED
MAY 7"951 Hawaii Ang I suama page 11 Massar LOY NOT LESS 232 TON	ASE ct ag	24 TIC	DA. BURIAL, CON, REMOVAL (S	REMA- 248. DATE pecify) May 19-	24c. NAME OF CEMETE	ERY OR CREMATORY 24D	LOCATION (City, town,	or county) (State)
	PLE,				SIGNATURE	25. FUNERAL DIRECTO	Karre	ADDRESS
VS 150		ATT.	VS 150	Section Co.	(32)	2426		Til a me



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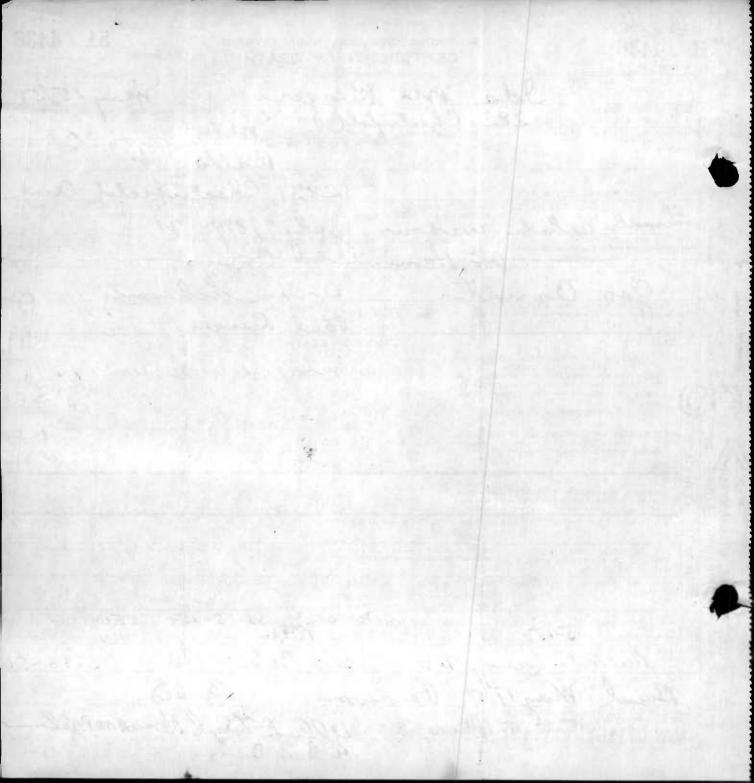
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	BIRTH NO.
	1 NAME OF I

## CERTIFICATE OF DEATH

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egistered	No	

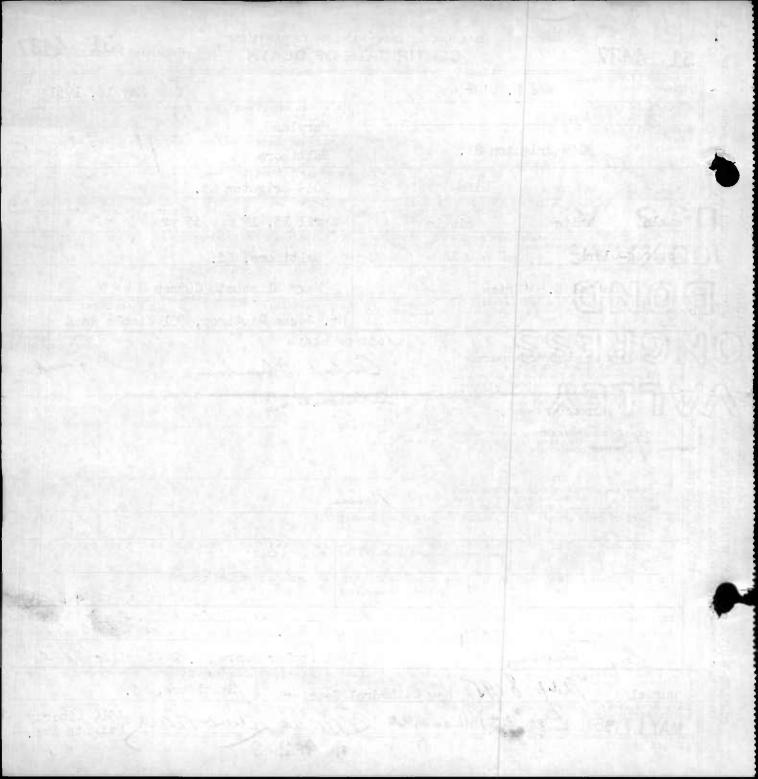
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BIK	IN NO.	
1. N (Ty)	De or Print)  2. DATE OF DECEASED  OF DEATH MON	15/51
3. P	LACE OF DEATH:  Baltimore City, Maryland 283 [ ] 4. UAUAL RESIDENCE (Where deceased lived, If ins	itution : residence before admission)
B. F	ULL NAME OF (If not in hospital or institution, give street address or location)	01
INS	TITUTION C. CITY OR TOWN (If outside corporate limits) w	township)
17	Yrs. D. STREET ADDRESS (1f rural, give location)	
	Length of stay in Baltimore Mos. Days 2831 Chesterfield	aue
5. S	6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  Sully 7/879  9. AGE in years last birthday)  Month	B Days Hours Min.
10A. work d		CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
13.	FATHER'S NAME	
15.	WAS CEASED EVER IN U, S. ARMED FORCES?   16, SOCIAL 17, INFORMANT	500
(Yes, 1	WAS O CEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17 NFORMANT SECURITY NO.	RESS
1	8. 334X CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease.	1640
	injury or complication which caused death.) Due to	
2	ANTECEDENT CAUSES	
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	
HA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DI-	(C)	
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CAL	214 ACCIDENT WAS LINDER.   218. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give	YES NO
	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or large contribution) (if in Baitimore City, give INJURY OCCUR?)	exact location)
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY	
-	m. WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from October 23, 1933, to 5-15-, 195/t	hat I last saw the
	deceased alive on 5-13-, 1951, and that death occurred at 123 Am., from the causes and on the	
	Multing Lewy, M.D. 2117 Belaw Pd 2	5-16-51
24A TION	BURIAL, COMMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or Duck) Way 17/57 Cacky and Ball	county) (State)
	TE RECEIVED BY   REGISTAR'S SIGNATURE   25. FUNERAL DIRECTOR   ALL	DORESS (
M	AV 17/1051 tuttigter Williams, Ma. Ullettuel Horaco	Male
-141	VS 150	An



MARGIN RESERVED FOR BINDING  E WRITE P LY, WITH UNFADING INK. Every item of information should be c lly supplied. The age is espectry important. Physicians: please write the causes of death clearly and legate.	
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E WRITE P LY, WITH UNFADING INK. Every item of information should be case is espective important. Physicians: please write the causes of death clearly and legic	
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	1. NA43		CERTIFICAT	E OF DEATH	Registered No	01 4437
(1)	NAME OF Dippe or Print)		R. O'Brien		2. DATE OF DEATH May	16, 1951
A.	Baltimore C	ity, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If in B. COUNTY	stitution : residence before admission
HO	STITUTION	3049 Brigh	location)		outside corporate limits,	township
c.	Length of st	tay in Baltimore	Yrs. Mos. Days	3049 Brighton		
	sex em <b>al</b> e	6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	April 15, 1896	9. AGE (In years last birthday) Mont	hs Days Hours Min
vork	A. USUAL OCAL OCAL OCAL OCAL OCAL OCAL OCAL OC	CUPATION (Give kind of f working life, even if retired)  Lerk	B & O RR	Baltimore, Md		2. CITIZEN OF WHAT COUNTRY
13	FATHER'S			14. MOTHER'S MAIDEN NA	ME	A TOTAL STATE
15		Daniel E. O'B		Mary Elizabet		
		D EVER IN U. S. ARMEI (If yes, give war or date		Mr. Jesse Gawthre		DRESS
		2 2 3/	CALLOR		ob, 2001 VIMOTE	INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  CAUSE OF DEATH  (A)  Couldn't Shambon's  DUE TO  Couldn't Shambon's			I week		
RTIFICATION	OTHER S TRIBUTING TO THE D	ANTECEDENT CAUSE  OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE CONDITION LAST OF THE DEATH, BUT SEASE OR CONDITION FOR FRATION A 1	IF ANY, GIVING STATING THE DUE TO AST.  (C)  ITIONS CON- NOT RELATED			20. AUTOPSY?
CE	19A. DATE C	F OPERATION O	98, MAJOR FINDINGS OF OPER	RATION		YES NO
AL C		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  while at work 22. I hereby certify that I attended the deceased from 5-15, to 5-16, 1951, the deceased alive on 5-16, 1951, and that death occurred at 5 A. m., from the causes and on the deceased alive on 5-16 to 5-16.				
EDICAL C	21D. TIME OF INJURY  22. I hereb deceased at	(Specify)  Month) (Day) (Year,  y certify that I attitive on 5-76	(Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  tended the deceased from  1957, and that death occur	RED 21F. HOW DID INJURY  1957, to  1957, to  1957, to  1957, to	5-16 ,195/,	date stated abou
MEDICAL C	21D. TIME OF INJURY  22. I hereb deceased at 23A. SIGNA  4A. BURIAL. ON. REMOVAL (S	(Specify)  Month) (Day) (Year,  y certify that I attitive on 5-76	(Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  tended the deceased from 5.  , 1951. and that death occur  M. D.  24c. NAME OF CEMETE	, 1957, to	5-16, 195/, he causes and on the St.	date stated about 23c. DATE SIGNE 5-16-5/
MEDICAL C	21D. TIME OF INJURY  22. I hereb deceased at 23A. SIGNA	Month) (Day) (Year,  y certify that I attitive on  FURE Aglant  REMA, S.B. DATE  pecify) May / D.BY   REGISTRAR	(Hour) 21E. INJURY OCCURR  while AT NOT WHILE AT WORK  tended the deceased from , 1951, and that death occur  M. D.  24c. NAME OF CEMETE	, 1957, to	St.   St.   City, town, of timore, Md.	date stated about 23c. DATE SIGNE 5-16-5/



MEDICAL CERTIFICATION	15 (Ye		c.	3. A. B. H.	B 1. (1	
19 21 L\C/	5. W/ N( N(	Ma. Uk done	Lei	PL/ Ba FUI OSP	NA Sype PLA Ba FUI SP	2

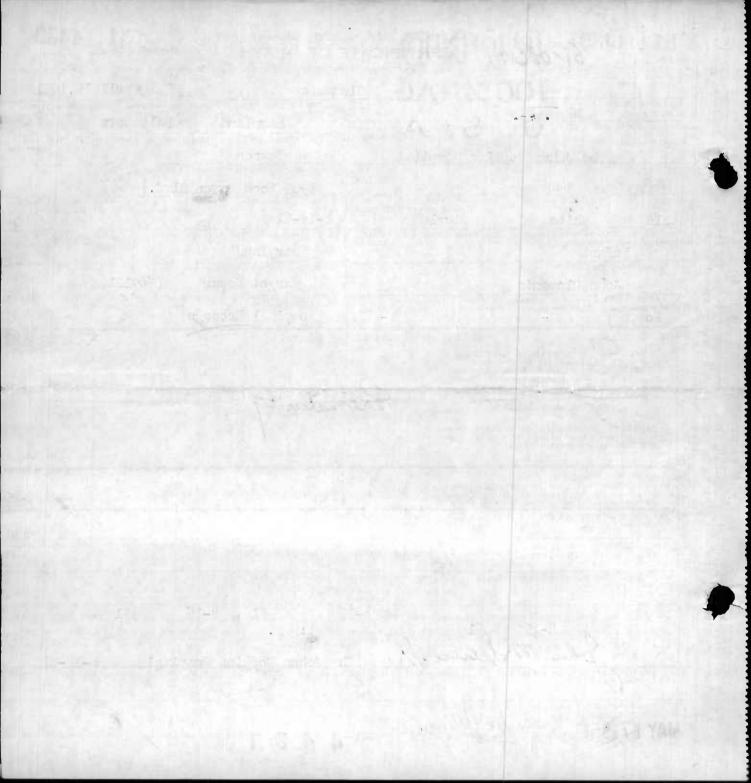
BII	250 51 4438 8TH NO. 31-10545	BA	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	TRegistered N	4438
	NAME OF DECEASED pe or Print)			Jackson	2. DATE OF DEATH May 9,	1951
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If i	nstitution: residence
B. F	TULL NAME OF (If not in hospi	tal or institut	tion, give street address or	A. STATE Maryla	nd B. COUNTY	before admission
	SPITAL OR STITUTION	77 - 1 *	location)		If outside corporate limits	. Wite RURAL and give township
1/2	The Johns I	Hopkins		Baltimore		/ cownship
	Length of stay in Baltimore		Yrs. Mos. Days	1808 East	Eager Street	
5.	Male Negro	WIDOV	E. MARRIED. VED, DIVORCED (Specify) ingle	B. DATE OF BIRTH  5-9-51	9. AGE (In years #	Under 1 Year H Under 24 Hours this Days Hours Min.
10/ work	USUAL OCCUPATION (Give kind or done during most of working life, even if retired Infant	108. KINE	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	William Jackson	n		Mary Street	(421975)	
15. (Yes,	WAS DECEASED EVER IN U, S. ARME no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	NO -		SEGGRITT NO.	Hospital Rec	ords	
RTIFICATION						
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.					
			FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City, gi	ve exact location)
Σ.	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK					
	22. I hereby certify that I at deceased alive on 5-9	tended the	deceased from 5-	-9 , 151, to ! red at 9:00P on., from	5-9 , 1951,	that I last saw the
	23A. SIGNATURE	()		38. ADDRESS	the causes and on the	23C. DATE SIGNED
	(seorge W).	anreo	W J T. M.D.	The Johns Hopkin	ns Hospital	5-14-51
	A. BURIAL, CREMO N, REMOVAL (Specify)		Host Dr	RY OR CREMATORY 24D.	LOCATION (City, town, o	or county) (State)
	TE RECEIVED BY REGISTRAR ANV 1 71951	S SIGNATI	LANGE ME	25. FUNERAL DIRECTOR		ADDRESS
	VS 150	2	270	4 4 3 0		

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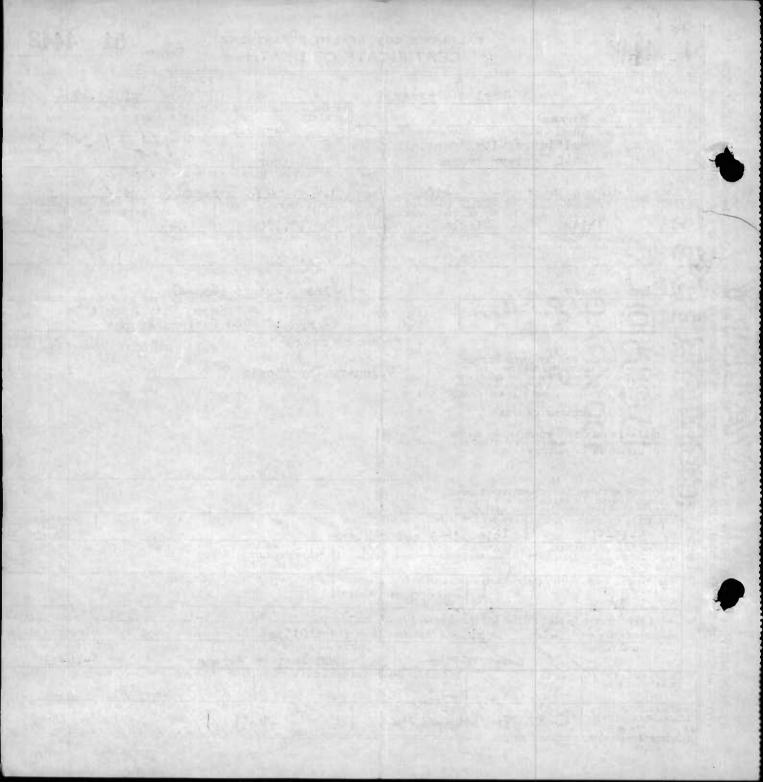
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A. Carrie			
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-CH	080	442	
BIRTI	4 NO	5.	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51	4442
Registered No	1117

-								
	NAME OF DECEASED ope or Print)	Charles	E Che sney		OF May	16,1951		
	PLACE OF DEATH: Baltimore City, Maryland		^	4. USUAL RESIDENCE (Where deceased lived. If institution: residence  B. COUNTY  before admission)				
В.	FULL NAME OF _(If not in hospit	tal or institut	ion, give street address or	Maryland		17		
	STITUTION Baltimore	City I	Iospitals location)	c. CITY OR TOWN	f outside cor orate limits,	vrie tURAL and give township)		
1	4940 East	ern Ave	enue	Baltimore				
			Yrs. Mos.		rural, give location)			
	Length of stay in Baltimore		life Days	B.C.H. 4940 Ea	stern Avenue			
5.	SEX 6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) # (	ths: Days   Hours Min.		
	ale White	Sing	gle	May 19,1866	84			
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF		
	Retired	Ma	sonry	Maryland		01. 8. a		
13	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
1	illiam Chesney			ELMARA Almire Griggs (-	Grance)			
15	. WAS DECEASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL			DRESS		
(Yes	, no or unknown) (If yes, give war or date	es of service)	SECURITY NO.	-27707	more City Hos Eastern Avenue	oitals		
1	in the same		No.		-astern avenue	INTERVAL BETWEEN		
	18. 570.			OF DEATH		ONSET AND OFATH		
	DISEASE OR CONDITION LEADING TO DEA	TH	0	ary Thrombosis		2		
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	*						
7	ANTECEDENT CAU	SES						
Ó	DISEASES OR CONDITIONS,				• • • • • • • • • • • • • • • • • • • •			
F	UNDERLYING CONDITION L		HE DUE TO					
0								
쁜	II		(C)	······································				
ERTIFICATION	OTHER SIGNIFICANT COND	ITIONS CO	N.					
S	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION			•••••••••••••••••••••••••••••••••••••••				
1	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
Y	5-15-51	Intest			YES NO X			
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PL. about bome,	ACE OF INJURY (e.g., in farm, factory, street, office bldg., e		lf in Baltimore City, gi	ve exact location)		
Σ	210. TIME (Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
	OF INJURY		WHILE AT NOT WHILE					
		m.	WORK AT WORK	31	r 36 - r3			
	22. I hereby certify that I at		account from	-31 , 1946, to		that I last saw the		
	deceased alive on 5-16	the causes and on the	e date stated above.					
	23A. SIGNATURE	Jan	the .	3B. ADDRESS		5-16-51		
2	A. BURIAL, CREMA- 248. DATE	1	M. O.	4940 Eastern Ave:	nue   OCATION (City, town,			
TIC	N. REMOVAL (Specify)	10/-	PR Defines "	12. 4	3-64- L			
0	moreal May-	17/5/	on aldemore	in elever of the contract	allemore, M.	Morres		
	ATE RECEIVED BY REGISTRAR	reflection (1)/(	LANGE MAN	25. FUNERAL DIRECTOR	AA a	ADDRESS		
M	NY 17/1951 Limited	LAN I INV	Water Publication	trans My over	10. 108 W	. Korthe Un.		
H	VS 150	1 100	And the second second		114	41 14.		
1					Letter &	1. 91LA		



11	500		F4 4.40
5	1 4443 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTM CERTIFICATE OF DEATH	-110
d. Th	1. NAME OF DECEASED (Type or Print)	A9. W	2. DATE OF 5 - 16 - 51
supplied	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	DEATH  NCE (Where deceased lived. If institution: residence B. COUNTY before admission)
Kly sı	B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address or location)	(If outside corporate limits, write RUIAL and give township)
egilory	c. Length of stay in Baltimore	Yrs. D. STREET ADDRES	SS (If rural, give location)
and la	5. SEX   6. COLOR OR RACE   7. ST	NGLE, MARRIED, DOWED, DIVORCED (Specify)	9. AGE (In years     Under   Year     If Under 24 Hours   Last birthday   Months Days   Hours Min.
clearly an	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		ate or foreign country)   12. CITIZEN OF WHAT COUNTRY?
information s of death cl	13. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME
infor s of d	15. WAS DECEASED EVER IN U. S. ARMED FORCI (Yes, no or unknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
Every item of i	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which eaused ANTECEDENT CAUSES	CAUSE OF DEATH TLY TO THE TO THE PROPERTY OF T	interval Between onset and Death underson (over)
ING INK. ns: please	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	GIVING (B)	
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI TO THE DISEASE OR CONDITION CAUSI	ELATED	
H	Ů.	JOR FINDINGS OF OPERATION	20. AUTOPSY7
ILY, WITH	1 21A. ACCIDENT WAS UNDER.   218	. PLACE OF INJURY (e. g., in or bome, farm, factory, street, office bldg., etc.) 21C. WHERE DII INJURY OCCUR	
Aly in	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	Z1E. INJURY OCCURRED 21F. HOW DID I	NJURY OCCUR?
FE P	22. I hereby certify that I attended deceased alive on 5-16, 19	the deceased from 4-13, 1951,	to 6-16, 19 5, that I last saw the from the causes and on the date stated above.
PLEASE WRITE P correct age is espec	23 ASIGNATURE BESCHOOL	11 M.D. / Mar of My	1 Hora   23c DATE SIGNED   3 - 17 - 5/
EASE rect a	24A. BURIAL CREMA- TION REMOVAL (Specify) Way 20-51	St Julies	Rustuston Md (State)
COL	DATE RECEIVED BY REGISTRAR'S SIGN	hature 25. FUNERAL DIRECTION OF Eline.	Line Prestration Med.
	VS 150	97052	55 B

ADDRESS Lustown Mad.

AUTOPSY: Metastatic adenocarcinoma, right trochanteric region, femur (S.P. 72645)

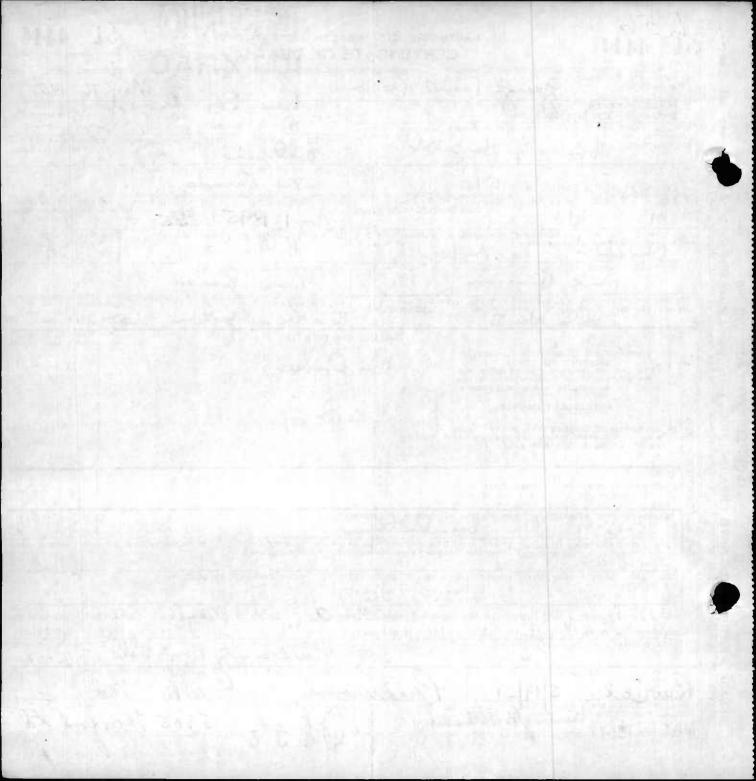
nathological fracture, inter trochanteric region, right femur, lungs,
bilateral, third rib, right anterior pulmonary edema and congestio portal cirrhosis bilateral pyelonephritis, acute.

See Document File 51-4443 6/12/51

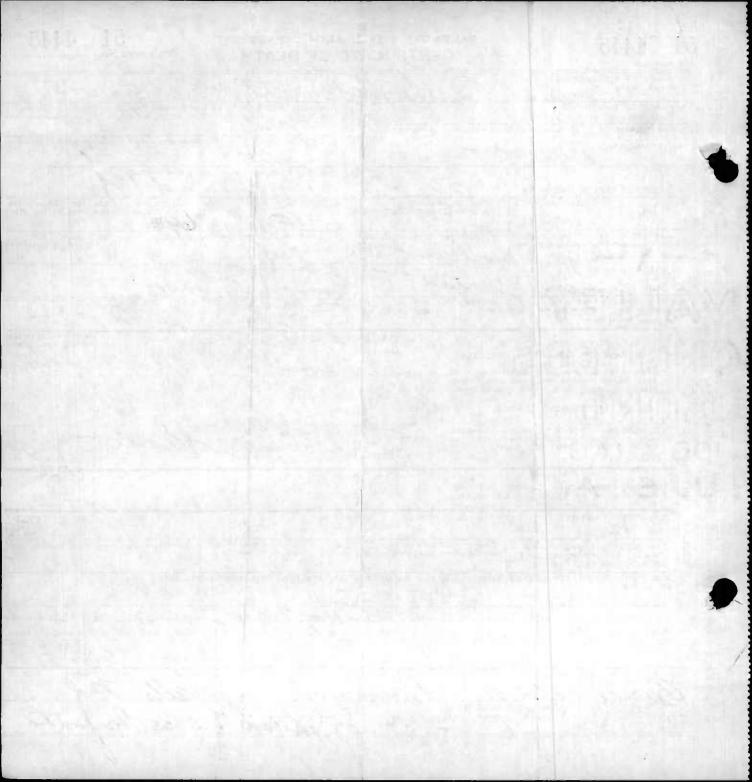
## BALTIMORE CITY HEALTH DEPARTMENT

51 4444

, )	IRTH NO.	*k	CI	ERTIFICAT	stered No				
	NAME OF D Type or Print)	ECEASED Que	ge Fran	12 Kreine	~	2. DATE OF DEATH	May 1	6.1957	
A	. PLACE OF D . Baltimore (	EATH: City, Maryland	0		4. USUAL RESIDENCE		lived. It nstit	1.	
H	OSPITAL OR NSTITUTION	University	Hospi	rive street address or location)		(If outside corpo	rate limits, well	te RURAL and give township)	
egib	. Length of s	tay in Baltimore	54	Mos. Days	D. STREET ADDRESS	(If rainal, give lo	ation)		
and 7	. SEX	6. COLOR OR RACE	7. SINGLE, M		8. DATE OF BIRTH	9. AGE (In last hirth	years if Under day) Months	Year If Under 24 Hours Days Hours Min.	
clearly	A. USUAL OC	CUPATION (Give kied of working life, even if retired)	AR	BUSINESS OR INDUSTRY	11. BIRTHPLACEAState	or foreign country		CITIZEN OF	
death	3. FATHER'S	Frank Kru	men		14. MOTHER'S MAIDE	NAME			
io ses or	5. WAS DECEASI	ED EVER IN U. S. ARME (If you give war or date	s of service)	S. SOCIAL SECURITY NO.	17. INFORMANT	Jocleson	ADDRE 1524	Hilcoal Av	
write the causes of death clearly and	DISEAS (This does	SE OR CONDITION LEADING TO DEA not mean the mode	TH of dying, e. g.,	CAUSE	OF DEATH (	)		NTERVAL BETWEEN	
	heart failu injury or	re, asthenia, etc. It mes complication which	caused death.)	DUE TO	0				
CATION	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	F ANY, GIVING STATING THE	(B)	ed y				
CERTIFICAT	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED						
- 10		of OPERATION 1	98. MA PR FI	NDINGS, OF OPER	RATION	Tagletin.		20. AUTOPSY?	
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., i factory, street, office bldg.,		(If in Baltimor	re City, give e	exact location)	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	WHIL	INJURY OCCURR		JURY OCCUR?			
Sheds	22. I hereb	m.   work   AT WORK   22. I hereby certify that I attended the deceased from May 2, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 630 m., from the causes and on the date stated above 23A. SIGNATURE   23B. APPRESS.   23C. DATE SIGNED							
correct age 1s especial	23A. SIGNA	A Da	-, 10-1-1, WILL	м. р.	3B. ADDRESS	& Hop		c. DATE SIGNED	
ect ag	Surial, (S	Pelfy) 5 19	SI 24c	Parker	RY OR CREMATORY 24	Balto	ity, town, or co	(State)	
M ro	ATE RECEIVE OCAL REGIST		S SIGNATURE	M. A. A.	25 FUNERAL DIRECT	5305	Than	Lond Pa	
	VS 150		7 2 1	390 46	40400		0	106B	

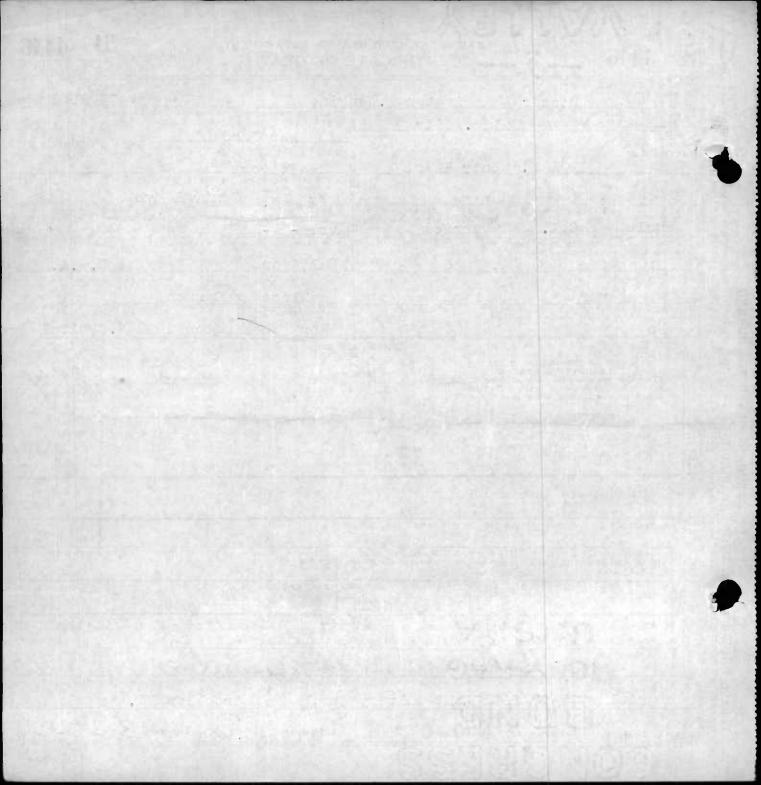


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J-	1	DAAA5 BALTIN	MORE CITY HE	ALTH DEPARTMENT	Registered No-	4445
The	В	RTH NO.	ERTIFICATE	E OF DEATH	Registered No.	- 1 10
	1. (T	NAME OF DECEASED ype or Print	41.	2.22-11	2. DATE OF	6-51
supplied.		PLACE OF DEATH	saus 9	4. USUAL RESIDENCE (W	here deceased lived. If inst	itution: residence
idns	-	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution,	give street address or	ASTATE	B. COUNTY	before admission
À.		OSPITAL OR THE STATE OF THE STA	location)	C. CITY OR TOWN (If	outside corporate limits	rite RURAL and give township
e de	3		Yrs	D. STREET ADDRESS' (If I	rural give location	1
e cs legi	-	Length of stay in Baltimore 50	Mos. Days	5/14 Haz	ford / cg	•
should be	5.	6. COLOR OR RACE 7. SINGLE M. WIDOWED,	ARRIED (Specify)	B. DATE OF BIRTH  D. May 1881	9. AGE (in years   funde st hirthday) Months	
shouarly	10 worl	A USUAL OCCUPATION (Give kind of to the kind of the ki	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF
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RIT is e		23A. SIGNATURE		36 ADDRESS		3c. DATE SIGNED
ge W	24	AA. BURIAL, CREMA- 24B, DATE 24C,	NAME OF CEMETER	PY OR CREMATORY / 34D LG	CATION (City, town, or o	6-5/ county) (State)
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ans	8.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland					
1		DSPITAL OR location)	c. CITY OR TOWN (If outside corporate maits, write half and give township)					
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uld 7 an		Female Col. Married	April-II-I897 54					
information should be can s of death clearly and legi		A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
on		Housewife At Home	Baltimore U.S.A.					
ath	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
orn	15	Lenard Washington  Was DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Alice Cannon					
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UNFADING Physicians: p	RTIF							
NF	[LI]	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
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PL		22. I hereby certify that I attended the deceased from 3	Feb 1951, to 14 May, 1951, that I last saw the					
TE		deceased alive on 14 key, 1951, and that death occur	rred at m., from the causes and on the date stated above.					
VRI		23A. SIGNATURE C. Burwell M.D.	236. ADDRESS					
age	2	44 BURIAL CREMA- 248 DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) /(State)					
AS		ON REMOVAL (Specify) Burial 5/18/1951 Mt Calvery	Cem, Brooklyn Md.					
PLEASE WRITE correct age is esp		ATE RECEIVED BY REGISTRAR'S SIGNATURE-	ELINA DIRECTOR ADDRESS Brantle W					
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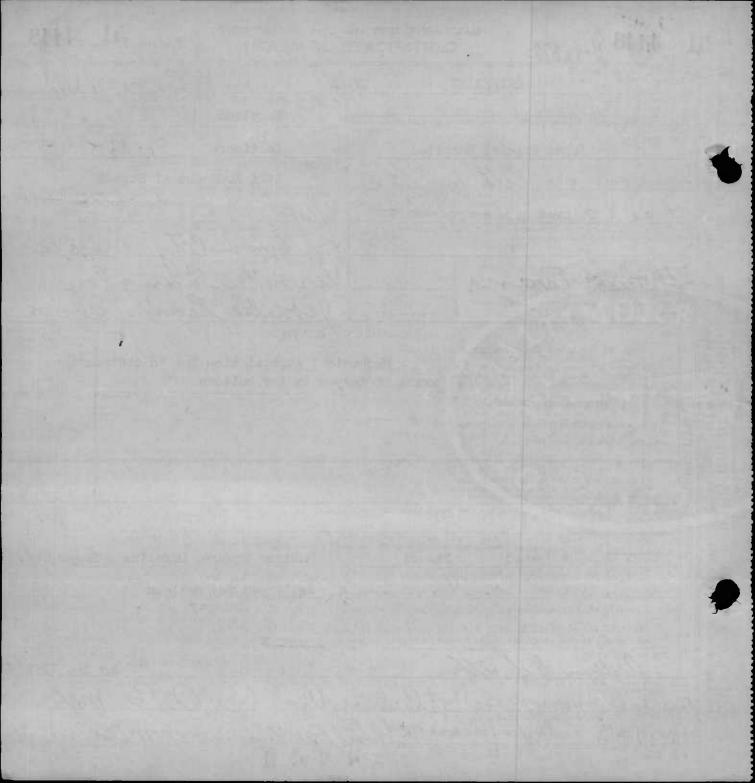


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.1 4447

Th		IRTH NO.							
		NAME OF DECEASED  ype or Print)	2. DATE OF - 13/ 163						
lied	3	PLACE OF DEATH:	DEATH 5/16/51  1 4. USUAL RESIDENCE (Where deceased lived, If institution; residence						
supplied.	A.	Baltimore City, Maryland Baltimore Md.  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Md. B. COUNTYNONe before admission)						
<i>v</i> 2	H	OSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURA) andhrive						
	1)	0 524 S. Green Street	Baltimore 2, Maryland						
egib		Yrs. Mos.	b. STREET ADDRESS (lifraral, give location) 524 S. Green St.						
be d		Length of stay in Baltimore Life Days   SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE (In years   It Under 1 Year   II Under 24 Hours						
should be		M Negro Widowed (Specify)	Dec. 22.1916   last birthday)   Months Days   Hours   Min.						
hour	10	DA. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
cles	WOL	k done during most of working life, even if retired)  Laborer Building Trades	Baltimore. Maryland U.S.A.						
atic	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
of information shoulses of death clearly		Richard A. Stewart	Agnes Burwell						
info	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
em of i		Yes WWII	Richard A. Stewart, 524 S. Green St.						
cau		18. 007 X CAUSE	OF DEATH						
ite he		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mary Inheroulos, 5?						
Every item write the cau		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	/vo 20010 3 / 1/20000 3) 3 /						
Ever		injury or complication which caused death.) DUE TO							
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UNFADING Physicians:	TIFIC	(C)							
FA	RT	OTHER SIGNIFICANT CONDITIONS CON-							
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
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WITH rtant.	DICA	21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in	mor 21C. WHERE DID (If in Baltimore City, give exact location)						
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	2.	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	HY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
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PLEASE W		ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
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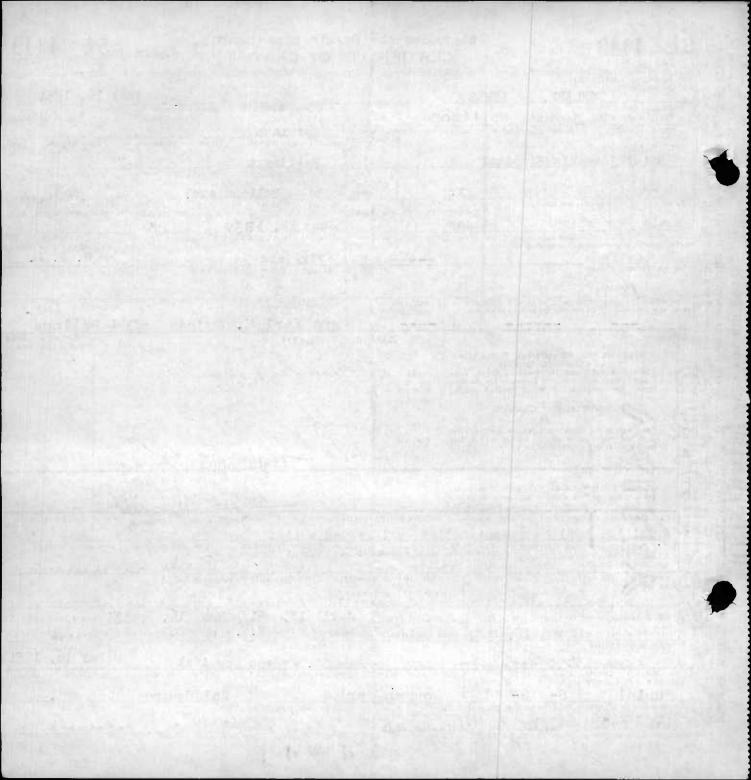
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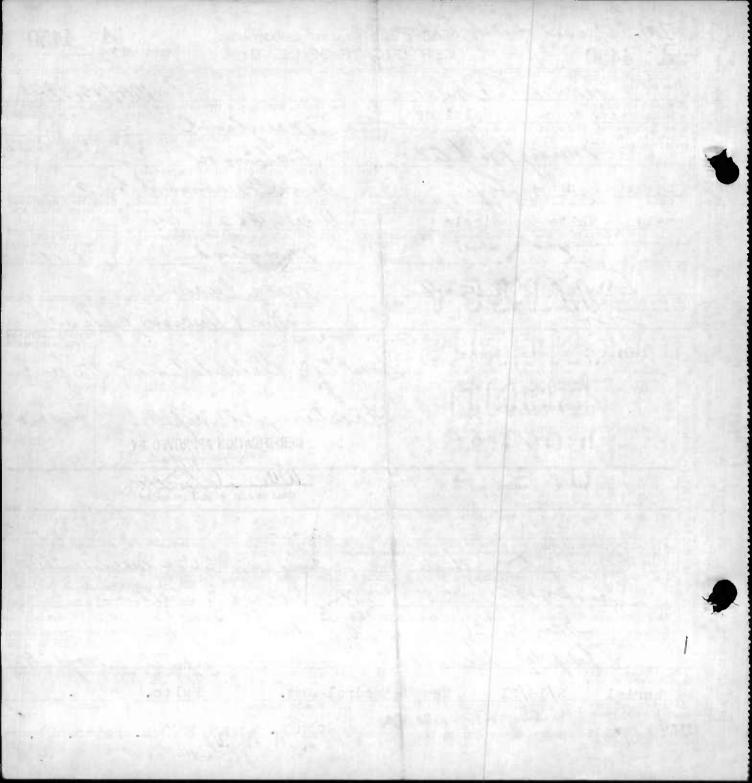
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF SCHLARR AGNES May 16, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location' (If outside copporate limits wri C. CITY OR TOWN MORAL and give INSTITUTION township Saint Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 80 yr. c. Length of stay in Baltimore Days 6004 Bellena Ave. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years | fi Under 1 Year last birthday) | Months Days | Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female June 12, 1867 White Widow 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife U. S. A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS AVO. 17. INFORMANT (Yes, no or unknown) SECURITY NO Mrs Karl H. Andrae 6004 Bellona CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CA UNDERLYING CONDITION LAST. APPROVED L RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш BHIEF OR ASST. MEDICAL EXAMINER. 19A. DATE OF OPERATION . 198. MAJOR FINDINGS OF OPERATION CA April 18. Application well-legged splint YES 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 000 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY april 18, 1951!? NOT WHILE AT WORK 18, 1951 to May 22. I hereby certify that I attended the deceased from. . 19 51 that I last saw the deceased alive on May 16, 19 5] and that death occurred at 6:40 R. From the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED May 16, 1951 St. Joseph Hospital 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 248, DATE Bunial Louden Park Baltimore 5 FUNERAS DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



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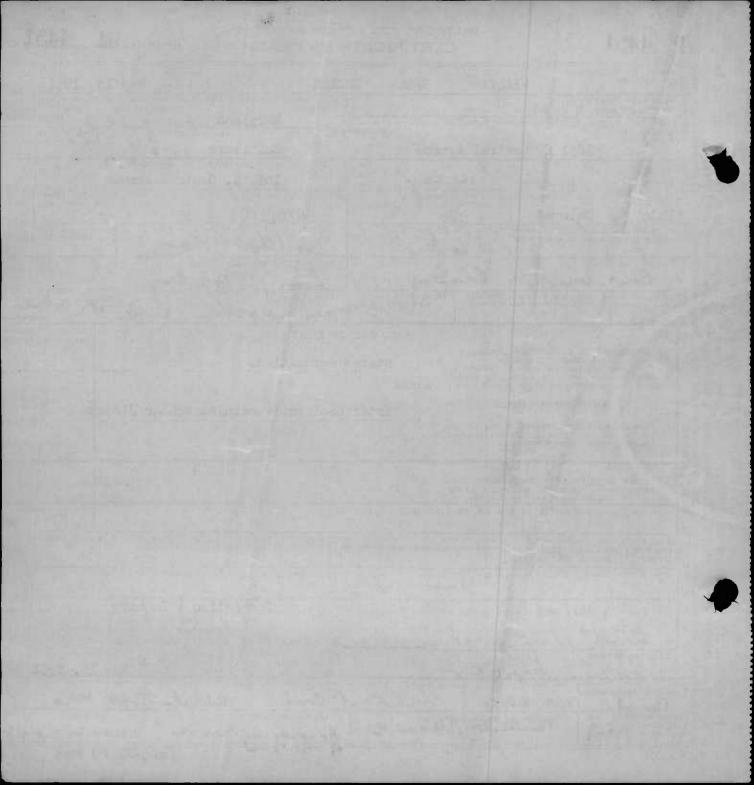
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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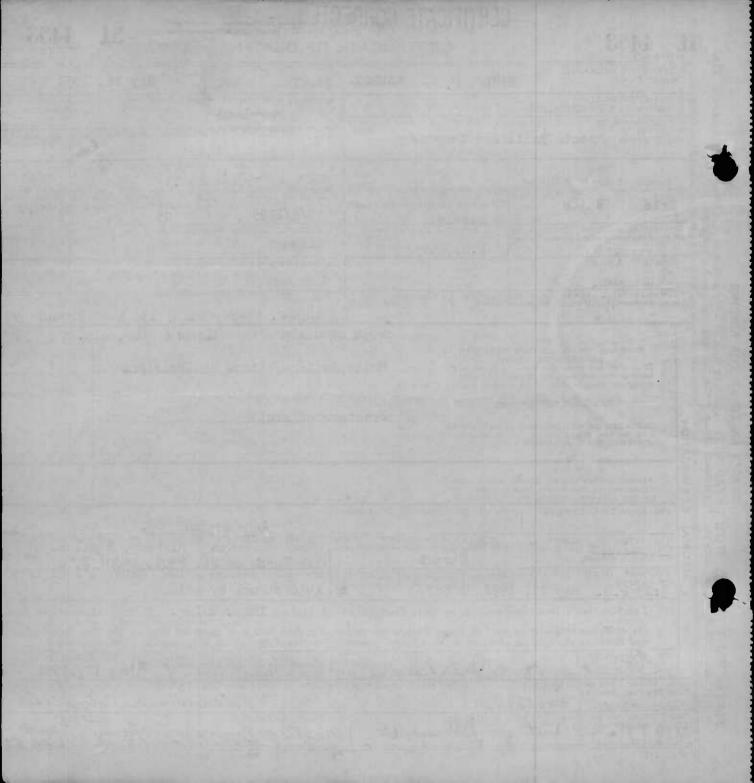
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The C	1	4452 IRTH NO.	2			EALTH DEPARTMENT E OF DEATH	Registered No.	4452
		NAME OF D Type or Print)	Sr.M.Hugh	Frances	Burns	į.	2. DATE OF DEATHWAY 16,51	
supplied.	3. A.	. PLACE OF D . Baltimore C				4. USUAL RESIDENCE (	Where deceased lived. If institute B. COUNTY	
	B.	SPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)		f outside corporate limits, wr	DIPAL and sive
No.	IN	NSTITUTION	Motherhouse	of Notr	e Dame	Baltimore	10-0	township)
ca. legibly	7				5 Yrs. 5 Mos.		rural, give location)	
be c		Length of s	tay in Baltimore	7 SINGLE	Days MARRIED.	901 Aisquith	9. AGE (In years) It Under	Year If Under 24 Hours
and l		Female	White		ED DIVORCED (Specify)		7 last birthday) Months	Days Hours Min.
n shor	WOL	DA. USUAL OC k done during most of eacher	CUPATION (Give kind of f working life, even if retired)	Religi	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i		CITIZEN OF WHAT COUNTRY?
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nfor of d	15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
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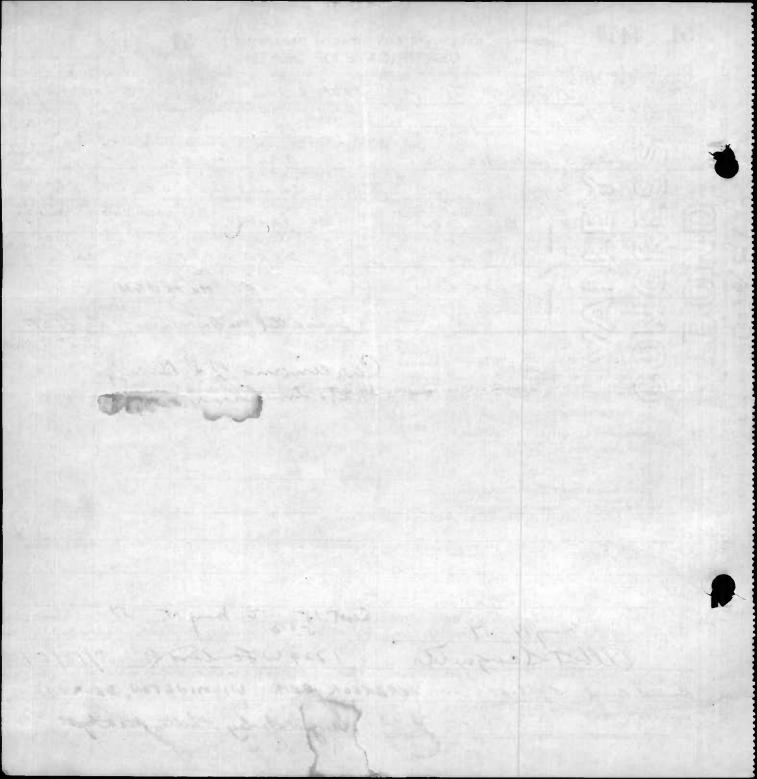
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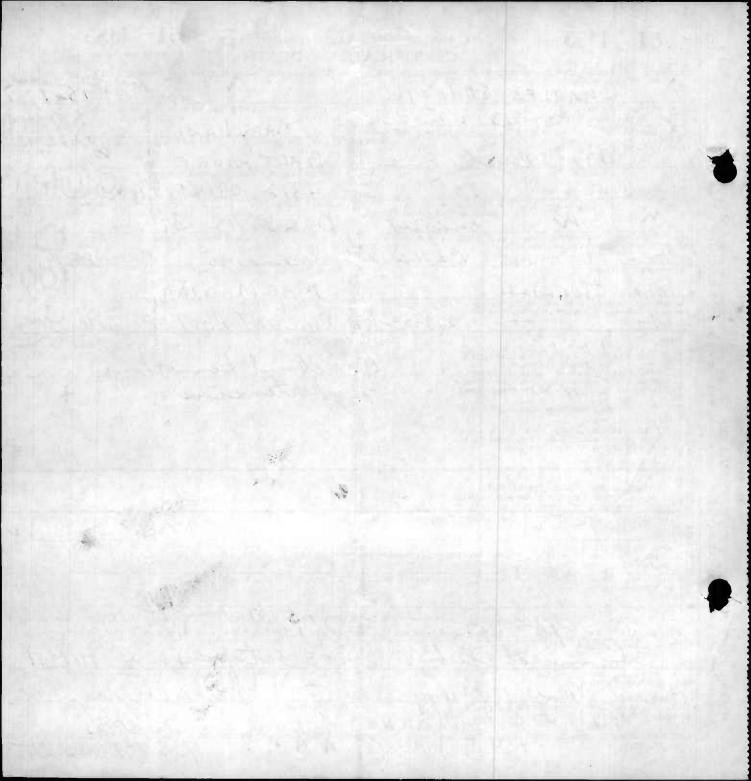
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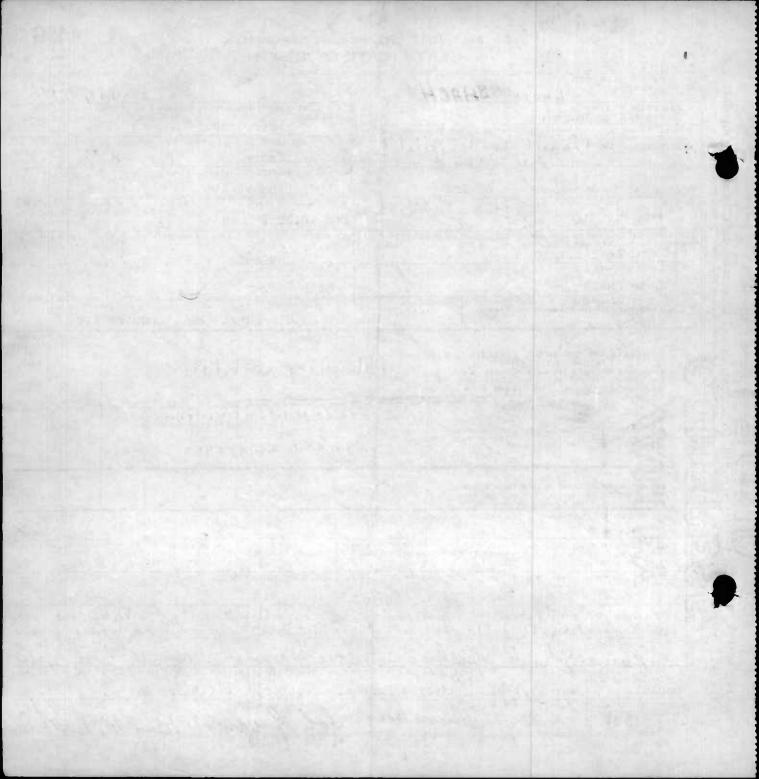


	m - 2 2 4 CERTIFICAT	TE OF DEATH  Registered N				
1	NAME OF DECEASED AGNES A. MC D	OWELL 2. DATE OF OF DEATH	-15-51			
A E	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If is a. STATE B. COUNTY	before adviction)			
	OSPITAL OR location NSTITUTION 3223 LEEDS 57.	BALTIMORE	vrite RURAL and give township)			
-	Length of stay in Baltimore 40 Yrs.  Days	3223 LEEDS S	T. 2006			
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WIDOW)	DEC. 13, 1870 80	Under   Year   II Under 24 hours   thours   Min.			
WO	DA. USUAL OCCUPATION (Givekind of a k doneduring most of working life, even if retired)  NONE  NONE  NONE	DELA WARE	12 CITIZEN OF WHAT COUNTRY!			
	HENRY PUSEY	14. MOTHER'S MAIDEN NAME  ANNE MEHUGH				
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT AE Music Ethel Mr. Dawell-3473	Lud St.			
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	er emong & S. Breiz	INTERVAL BETWEEN ONSET AND DEATH			
FRTIE	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
DICAL	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?			
MEDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg	,,etc.) INJURY OCCUR?	ive exact location)			
•	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR: OF INJURY  m. WHILE AT NOT WHILE AT WORK	E				
22. I hereby certify that I attended the deceased from Sight 19 7 to hay it, 19 7, that deceased alive on 19 7, 19 7, and that death occurred at 5 7 m., from the dauses and on the date						
	23A. SIGNATURE  LIGHT COGNUT M. D.  4A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMET	23B. ADDRESS 1724 W formload 4  ERY OR CREMATORY   24D. LOCATION (City, town,	23c, DATE SIGNED			
T	ON. REMOVAL (Specify)  Smootal-Buriel 5-18-51 SILVERBR	OOK CEM. WILMINGTON :	DELAWARE			
	OCAL REGISTION REGISTRAR'S SIGNATURE	Slavy A. Forly Julton are	Injutest			
	VS 150	404 1 6	50			





CERTIFICAT  NAME OF DECEASED Type or Print)  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or lospital OR NSTITUTION in transit to hospital location)  Yrs.  Mos. Days					
NAME OF DECEASED Type or Print)  Louis SHACH  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or lospital or institution in transit to hospital location)  NSTITUTION in transit to hospital  Yrs.  Mos. Days	2. DATE OF DEATH MAY 17, 1957  4. USUAL RESIDENCE (Where deceased lived, If Institution: residence a. STATE B. COUNTY B. COUNTY Before admis C. CITY OR TOWN (If outside corporate limits, write RURAL and town				
Type or Print)  Description:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and				
Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or IOSPITAL OR INSTITUTION in transit to hospital location)  NSTITUTION IN TRANSIT TO HOSPITAL OR INSTITUTION IN TRANSIT TO HOS	4. USUAL RESIDENCE (Where deceased lived, If institution: residence as STATE B. COUNTY before admis Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and town				
Institution in transit to hospital location NSTITUTION in transit to hospital location Yrs.  Length of stay in Baltimore 33 Yrs Mos. Days	C. CITY OR TOWN (If outside corporate limits, write RURAL and				
Length of stay in Baltimore 33 Yrs Mos. Days	town				
Yrs.  Mos. Days					
Length of stay in Baltimore 33 Yrs Days	o. STREET ADDRESS (If rural, give location)				
	5012 Denmore Ave				
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Dieder 24				
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
Reduced Real Estate INDUSTRY	Russia				
3. FATHER'S NAME RAOKER	14. MOTHER'S MAIDEN NAME				
Leon Shach	Gitel ?				
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS				
es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs Sophia Shach 5012 Denmore Ave				
DISEASES OR CONDITIONS, IF ANY, GIVING	ondry sclerosis				
TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg					
YES 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK AT WORK					
22. I hereby certify that I attended the deceased from tel	1 1951, to May 17, , 1951, that I last saw				
deceased alive on hay 17, 195), and that death occur	rred at 1200 ugh, from the eauses and on the date stated ab				
23A. SIGNATURE	238. ADDRESS 23c. DATE SIGN				
	5010 Denmore and May 17, 14				
ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) / (St				
	dale Cemetery Laltimore Md				
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS // 2				
AY 7 87351" With Jon I Musing May	Sol Sylmon Bus W North				



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

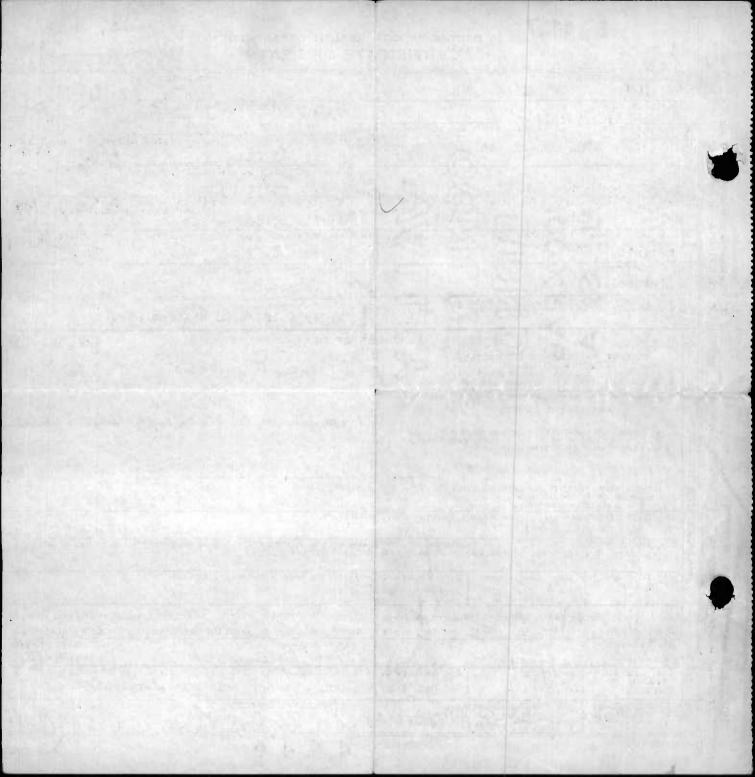
(T	NAME OF DEC ype or Print)		SAAC WOLF		OF DEATH ME	ey 17,1951
B. HC	PLACE OF DEA Baltimore City FULL NAME OF DEPITAL OR STITUTION	y, Maryland (If not in hospit	al or institution, give street address or location by Heights Avenue		here deceased lived B. COUNTY	. If institution: residence
c.	Length of stay	y in Baltimore	Yrs. Mos. Days		rural, give location) treet	03
1	male	color or RACE white	7. SINGLE, MARRIED, WILCOWED, DIVORCED (Specify WILCOWET	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min
work	Retired	PATION (Give kind of orking life, even if retired)	Tailor	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	.FATHER'S NAM	Contract		14. MOTHER'S MAIDEN NA Unknown	AME	
Yes	. WAS DECEASED	EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Meyer Wolf- 3409	Walbesh A	ADDRESS Venue
	L	OR CONDITION EADING TO DEA	DIRECTLY	OF DEATH	hasis	INTERVAL BETWEE
	heart failure,	ot mean the mode of asthenia, etc. It mes amplication which	ans the discase.	Cotonary Throma		. 100
CATION	heart failure, injury or co AN DISEASES C RISE TO THE	asthenia, etc. It mes	ans the discase, caused death.) DUE TO 1  SES  (B)	Ly pertensive Card		
CERTIFICATION	heart failure, injury or co  AN  DISEASES C RISE TD THE UNDERLYIN  OTHER SIG	asthenia, etc. It mesomplication which of the complex of the conditions, it above cause (A) ng condition L/	ITIONS CDN-NDT RELATED			
CE	heart failure, injury or co  AN  DISEASES C RISE TD THE UNDERLYIN  OTHER SIG	asthenia, etc. It mesomplication which of the complete of the death, but ease or condition.	ITIONS CDN-NDT RELATED	Ly pertensive Card		
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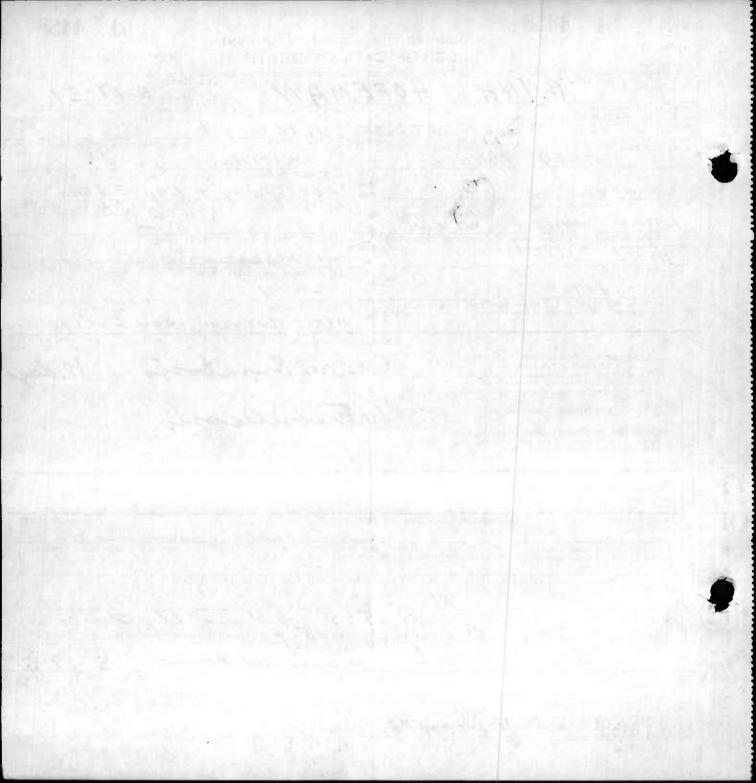
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WRITE PI	LY, WITH	WRITE PI CY, WITH UNFADING INK. Every item of information should be can be supplied. The 1	Ty supplied. The
re is especia	important.	ge is especial important. Physicians: please write the causes of death clearly and legizary.	J. Silver

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No.  1. NAME OF DECEASED (Type or Print)  A. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  B. FULL NAME OF (If not in hospital or institution, give street address or Institution)  C. CITY OR TOWN (If outside corporate limits, write address or Institution)	tution: residence before admission
1. NAME OF DECEASED ANA HOFFMAN  2. DATE OF DEATH  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION)  1. NAME OF DECEASED ANA STATE  4. USUAL RESIDENCE (Where deceased lived. If institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits, write address)  C. CITY OR TOWN (If outside corporate limits, write address)  3. PLACE OF DEATH:  A. STATE  C. CITY OR TOWN (If outside corporate limits, write address)  C. CITY OR TOWN (If outside corporate limits)	tution: residence before admission ite RURAL and give
(Type or Print)  3. PLACE OF DEATH:  A Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  C. CITY OR TOWN (If outside corporate limits, writed)	tution: residence before admission ite RURAL and giv
Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits, write address or location)	before admission
HOSPITAL OR INSTITUTION (If outside corporate limits, wri	ite RURAL and give township
The first of the f	township
100 MORE 17-17	
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 6 REENSPRING + BELVE d	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years list birthday) Months	
	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	7.
5917 689	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. HARRY HOFFMAN- 2502 OQ.	
18. 33 2V CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (A)  Cerebral fundables (B)  DUE TO  (B)  (C)	12 days
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  About home, farm, factory, atreet, office bldg., etc.)	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 5-5 co195/ to 5-17, 195/th	at I last saw th
deceased alive on 5-17, 1951, and that death occurred at 8 pm., from the causes and on the de	ate stated above
23A. SIGNATURE Henry Nagel 230. ADDRESS	3c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or control of the c	ounty) (State)
BURIAL 1/20/1951 V/OSE daLE Bacto.	MO
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADIANAL AND SECTION ADIANA AND SECTION ADIANAL AND SECTION ADIANA AND SECTION ADIA	DRESS
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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C. CITY

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и	2. DATE 5/18/51
AL RESIDENCE	(Where deceased lived. If institution: residence B. COUNTY before admission
	(If outside corporate limits, write RURAL and give 3 alto. 19-03
ET ADDRESS	If minel give leastion)

Registered No.

AGE (In years | H Under | Year | H Under 24 Hours | Hours | Min. If Under 24 Hours XO // 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

14. MOTHER'S MAIDEN NAME

16. SOCIAL SECURITY NO

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) DUE TO

The Clins

Mary Vane

7. SINGLE, MARRIED

WIDOWED DIVORCE idowed

10B. KIND OF BUSINESS OR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUF TO

(C) ...

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

ADDRESS

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.)

21B. PLACE OF INJURY (e.g., in or

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT

NOT WHILE!

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from deceased alive on 5-17-

mas ch

1957 to Mary 18, 1911, that I last saw the . 1967, and that death occurred at 6 A.m., from the courses and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE 24A. BURTAL CREMA-24B. DATE

24c. NAME OF CEMETERY

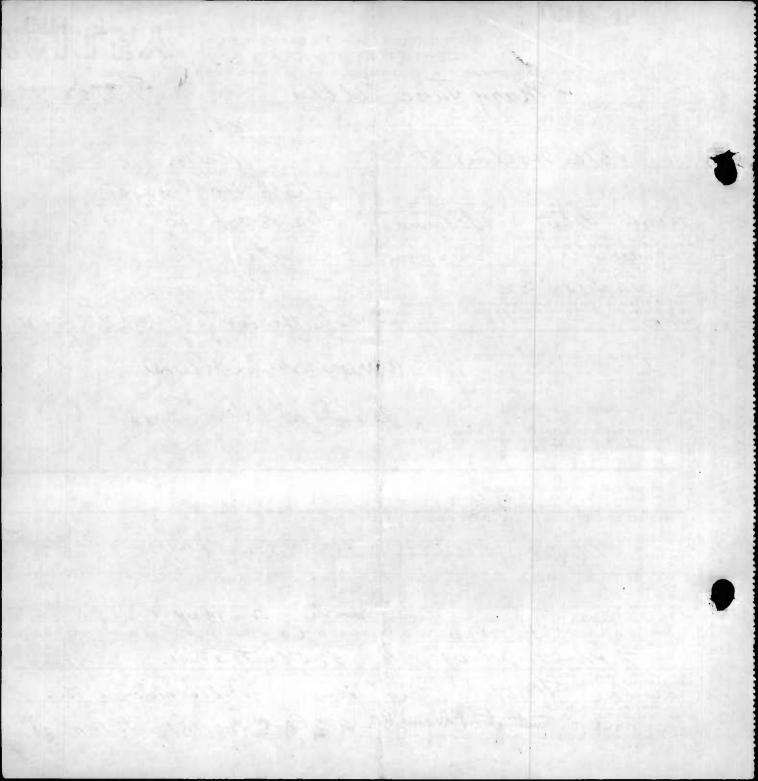
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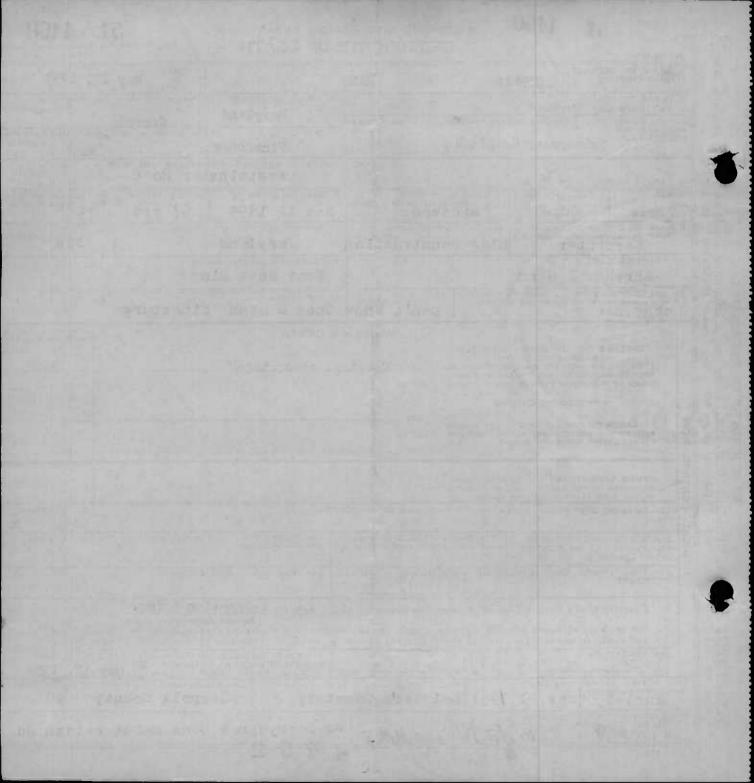
(EMOUR DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE supplied. (Type or Print) Mary Ellen Rittler May 16, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2710 Garrison Blvd. Baltimore 61-Yrs. D. STREET ADDRESS (If rural, give location) information should be ca Mos. 2710 Garrison Blvd. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 9. AGE (In years | ff Under | Year | Il Under 24 Hours | last birthday) | Months; Days | Hours : Min. Female. White Mar.15,1874 10A. USUAL OCCUPATION (Givekind of) II. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY House-wife At Home Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas L. Hayden Eliza B. Douglas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. Theodore W.Rittler 2710 Garrison Bly no INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH the (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES i INK. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: pl UNDERLYING CONDITION LAST. RTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from May 193819 tolday 16 , 195/, that I last saw the deceased alive on May 16 . 19 5 , and that death occurred at 7,10 Pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial 5-19-51 Loudon Park Baltimore Md.

PLEASE WRITE correct age is esp

DATE RECEIVED BY

LOCAL REGISTRAR

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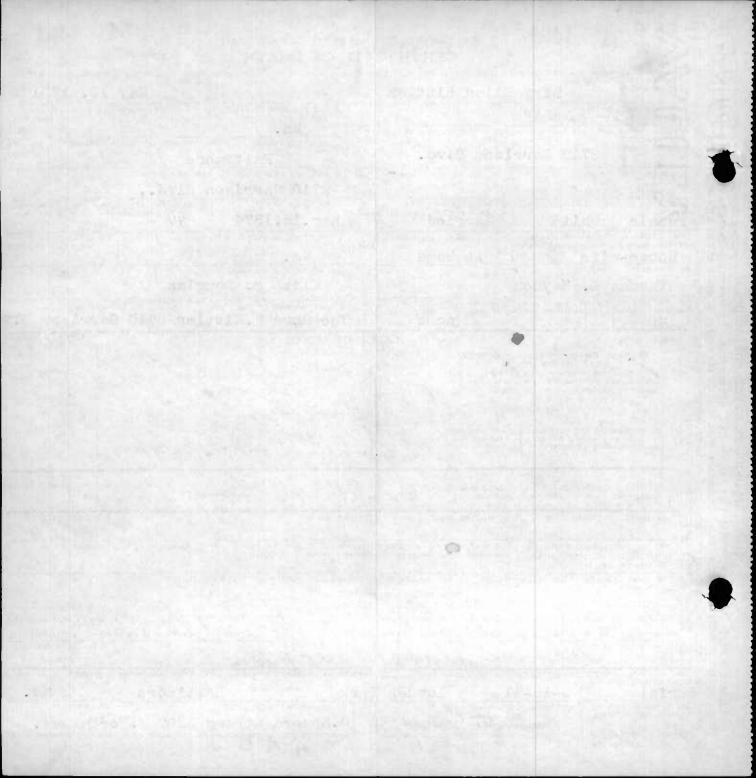
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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

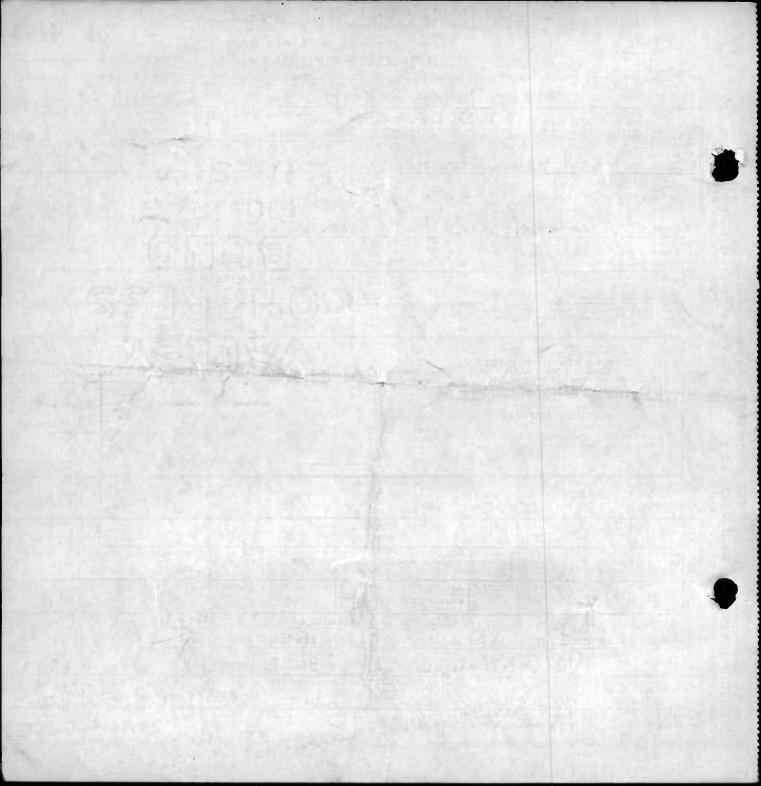
G. Howard Strong 3207 W. North Ave.



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1	51 4462 BALTIMORE CIT		4462
The	BIRTH NO.	CATE OF DEATH Registered No	
	1. NAME OF DECEASED (Type or Print) Louis B. Jones	2. DATE OF DEATH May 16,	
supplied.	B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)  B. FULL NAME OF (If not in hospital or institution, give street add to institution)	4. USUAL RESIDENCE (Where deceased lived. If institue A. STATE B. COUNTY  Maryland C. CITY OR TOWN (If outside corporate limits, write Baltimore	before admission
e car legibry.	c. Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 318 W. Preston St.	ř
ld be	Male   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED DIVORCED   Married	May 29,1883 67	
information shous of death clearly	Janitor	Maryand T	HAT COUNTRY
rmat	John Jones	Margaret ?	
em of info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	No. Mrs Katherine Jones 318 W. I	
UNFADING INK. Every item Physicians: please write the car	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,  II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED UTO THE DISEASE OR CONDITION CAUSING IT.	arlim 9 Malfyll Islami Myself Jaly 9.	A P
hyd .			20. AUTOPSY?
Y, WITH	21A. ACCIDENT. SUICIDE, About home, farm, factory, street, off	Scebldg,,etc.) INJURY OCCUR?	act location)
4		T WHILE T WORK	
PLEASE WRITE PL correct age is especie	22. I hereby certify that I attended the deceased from deceased alive on 1957, and that death 23A. SIGNOTORE	occurred atm., from the causes and on the day	t I last saw the te stated above DATE SIGNED
ASE W	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24E. DATE 24C. NAME OF C	EMETERY OF CREMATORY 24D. LOCATION (City, town, or cou	
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURY	136. FUNERAL DIRECTOR ADD	RESS 436
	VS 150 77 0 7	4 4/1 3 11	513

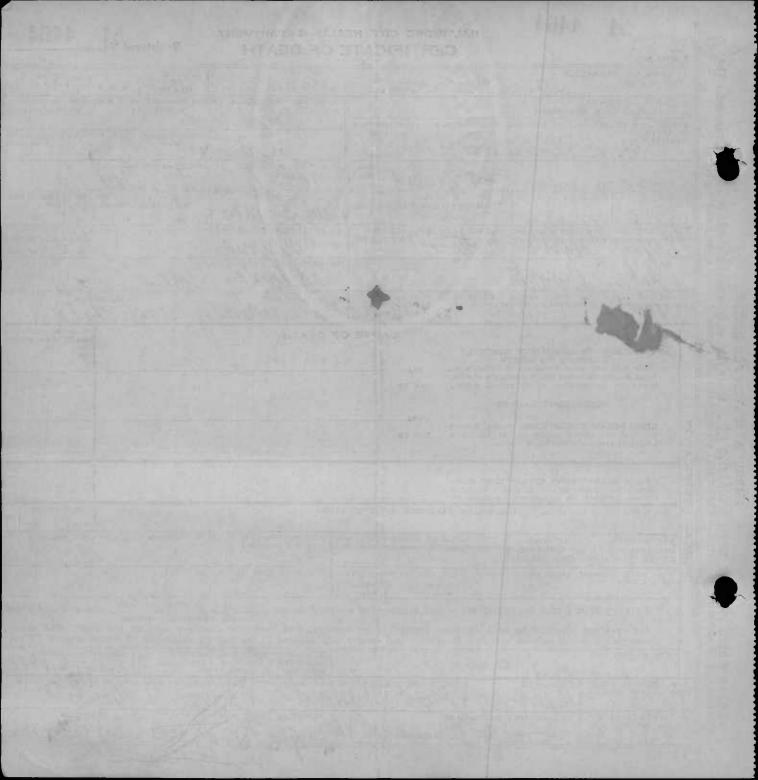
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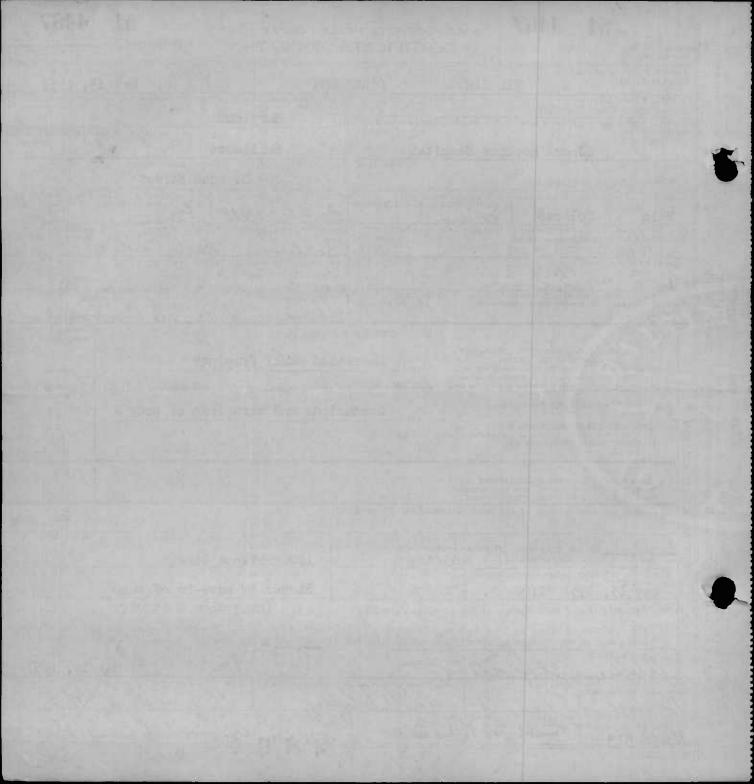


9 00	51 4465	BALTIM	ORE CITY H	EALTH DEPARTMENT	5	1 4465
BIRTH NO.		CE	RTIFICAT	E OF DEATH	Registered 1	No
I. NAME OF D (Type or Print)		lliam A. D	asch		2. DATE OF DEATH May	15, 1951
3. PLACE OF DA. Baltimore	City, Maryland	tal or institution.	rive street address or	4. USUAL RESIDENCE (NA. STATE	Where deceased lived, If	
HOSPITAL OR		24 Florenc	location		D	s, write RURAL and give township)
c. Length of	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (IF 5224 F1)	orence Avenue	f Under 1 Year   11 Under 24 Hours
Male	White	Marrie	DIVORCED (Specify	Sept. 13, 1873	last birthday) Mo	onths Days Hours Min.
work done during most Monument	CUPATION (Give kind of working life, even if retired Work Self E		etired 3 y			US A
13. FATHER'S William	H. Dasch			Fannie Sew		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT Mrs. Anna C. Das		orence Avenue
(This doe heart fail injury or	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU	TH of dying, e.g., ans the disease, caused death.)	DUE TO DIA	en's-Scleroh slæst slæst-Slne	c leart	Obout 4%
RISE TO UNDERLY OTHER TRIBUTIN	ES OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L  II SIGNIFICANT COND G TO THE DEATH, BUT	OITIONS CON-	(c) Cer	teno scleto esral Heno see heming	wrise o	week
	OF OPERATION	N CAUSING IT. 198. MAJOR FIN	IDINGS OF OPE	RATION	w5 porc	20. AUTOPSY?
HOMICIDE	ENT, SUICIDE, (Specify)		OF INJURY (e. g., actory, street, office bldg.		If in Baltimore City,	give exact location)
OF INJURY	(Month) (Day) (Year	m. WHILE	K L AT WORK			
deccased of	by certify that I at live on new 15	tended the dec	that death occu	erred at 10 - P.m., from	the causes and on t	, that I last saw the date stated above
24A BURIAL, TION, REMOVAL ( Burial	CREMA- 248, DATE	Blu 24c.	ch M.D.	5376 Reish ERY OR CREMATORY 24D. L	Profession (City, town ikesville, Ma	
DATE RECEIVE LOCAL REGIST	D BY   REGISTRAR	'S SIGNATURE	Wants, Mill	25. FUNERAL DIRECTOR Burgee, Funeral I		ADDRESS
VS 150	1	5,9 5, 1	Carre O	4 Horace 9	+ Burgee	93)

Ur. J. C. Kluck 5356 Rentistation Pel. Li. 4324

В	540 IRTH NO.	51 4466	BALTIMO		EALTH DEPARTI		Registered		4466	3
	NAME OF D	ECEASED Mrs.	2. DATE OF DEATH May 17, 1951							
	PLACE OF D Baltimore		A. USUAL RESIDENCE (Where deceased lived, If institution: residence  B. COUNTY  before admission							
H	FULL NAME OSPITAL OR	OF (If not in hospi	Maryland .  C. CITY OR TOWN (If outside corporate limits, write RURAL and give							
II IN	\$515 Schenley Road			Baltimore 27-14 townshi						
		Yrs. Mos.			D. STREET ADDRESS (If rural, give location)					
	Length of stay in Baltimore Life Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.			1515 Schenley Road  8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   II Under 24 Hours						
	Female	White	Married	IVORCED (Specify)	June 13, 189	7	AGE (In years last birthday)			Min.
worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (S	tate or forei	gn country)		CITIZEN OF	
-	Textile Worker   Cotton Mill				Maryland				USA	
					14. MOTHER'S MAIDEN NAME Florence Ford					
15	. WAS DECEAS	John Caltrider . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL			17. INFORMANT ADDRESS					
(Ye	No or unknown)	(If yes, give war or date	os of service)	-16-8427	Jesse C. Bull 4515 Schenley R					
	18. 44	3 X .		CAUSE	OF DEATH				NTERVAL BE	
	DISEASE OR CONDITION DIRECTLY				A A 3	10	. 1		7	e.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			rolyal a	Tours	Silone	in		7	
Z	ANTECEDENT CAUSES			Hyperter	isio	w .		?		
FICATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  LEASTLELSEUR CARLOS - Variable					De l	?			
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				Deni	earl				
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION				RATION				20. AUTOP	SY7
IEDICAL							exact location	1)		
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK									
	22. I hereby certify that I attended the deceased from May 14 1951 to May 171951 that I last saw th							w th		
	deceased alive on Mescale 1951, and that death occurred at 1 A.m., from the carees and on the date stated a						above			
	23A. SIGNA	TURE X- KA	Doint		23B. ADDRESS	v. 1/2	Ital 4	23	C. DATE SI	SNED
24	4A. BURIAL. ON, REMOVAL (S	CREMA- 248 DATE	V24c. N	M. D.   NAME OF CEMETE	RY OR CREMATORY	245. LOC	ATION (City, tow	n, or co	ounty) (2	State)
	on, removal (s Burial	May 19,	1951   St	one Chapel		Balti	more Co. 1	Mary!	land	
	ATE RECEIVE	D BY   REGISTRAR	S SIGNATURE	us, M.R	25. FUNERAL DIRI	ECTOR			DRESS	
M	AY 1.819	51 Funtion	Wall I I was	- G	Burgee Flane	gal Hon	e 3631 I	Falls	s Road	
	VS 150	VAV.	690	45	Horace	9:1	Durque	-1	937	

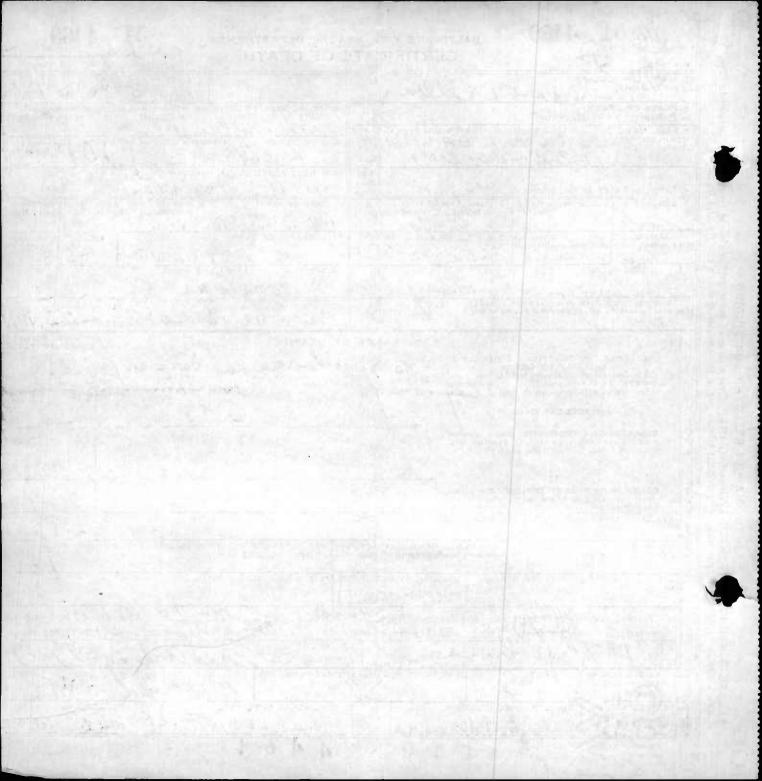
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4	BI	51 4468  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 4468						
1	1.	NAME OF DECEASED LEFOY CFOC	kett 2. DATI OF DEAT	May 12, 19,11				
1	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where decea					
ı	H	FULL NAME OF (If not in hospital or institution, give street address or STITUTION.   Institution   I		rporate limits, write RURAN and give				
giory.	C.	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)					
חוות זכ	5.	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		(In years   f Under 1 Year   N Under 24 Hours   Min.				
aily	O1 frow	A. USUAL OCCUPATION (Give kind of done during moet of working kie, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY?				
tor man	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0				
חד מבי	15 (Yes	WAS DECEASED EVERAN U.S. ARMED FORCES? In no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT Charles Prople H.	ADDRESS - 927 Us. Tayette				
6000		VV- I VCOVCX	OF DEATH	INTERVAL BETWEEN				
and and and and	NO	DISEASE OF CONDITION DIFFERENCE	tondry Diseas	· e				
13 · E	CAT	UNDERLYING CONDITION LAST.  (C)						
Ly Storage	ERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
4	AL C	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
or can	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		more City, give exact location)				
7	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY  MHILE AT WORK  AT WORK		?				
copecian		22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .						
15 7 15 15 15 15 15 15 15 15 15 15 15 15 15		23A. SIGNATURE H. Kammer, J.	238. CHIEF MEDICAL EXAMINE ASSISTANT MEDICAL EXAMINE A.D. MEDICAL INVESTIGATOR	May 14,1919				
ייייי מ	TIC	DUNIAL (Specify) 24B. DATE 24C. NAME OF CEMETE  SUM A 5/20/5/ 200 Se	ery or CREMATORY 240. LOCATION  O  LOCATION  25. FUNERAL DIRECTOR	(City, town, or county) (State)  O'O'N (City)  ADDRESS				
3	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Sharles a. R.	ice 6610. Barry				
	V	S 151	4 4 0 0	94a V 50				

	51 4469	DAL	TIMODE CITY HE	ALTU DEDADT	51	4469
	30		CERTIFICAT			
В	IRTH NO.		CERTIFICATI	E OF DEAT	П	
	NAME OF DECEASED	er C	iller		2. DATE OF DEATH	. 16.5-1
Α.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived, B. COUNTY	If institution; residence before admission
H	OSPITAL OR BRITTUTION BAR	WIL B	ion, give street address or	C. CITY OR TOWN	(If outside corporate lin	its, write RURAL and give
4	0 210300	LI SPI		13ac	1 more	2-01 township
c.	Length of stay in Baltimore	40	Yrs. Mos. Days	JJIO	ESS (If rural, give location)	ane
5	SEX 6. COLOR OR RAC		MARRIED,	8. DATE OF BIRTH		if Under 1 Year If Under 24 Hours Months: Days Hours; Min.
1	Smale Col	6	i dow	AU 6, 9	1890 60	Tonchs Days Hours Will.
i C	A. USUAL OCCUPATION (Give kin k done during most of working life, even if retir	dof 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)  ARVLAND	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		11000	14. MOTHER'S MA		10317
1.0	William	Mur	eray	ma	linda?	
Ye	5. WAS DECEASED EVER IN U. S. ARI e, no or unknown) (If yes, give war or o	ates of service)	16. SOCIAL SECURITY NO.	Blanch	e Gross-an	mapolis. Ma
	18. 4721	About to the	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITIO		0 1	. 1/2 00	2	ONSET AND DEATH
	(This does not mean the mod	le of dying, e. s	(A)	10 lasce	lar Degenesa	1104
	heart failure, asthenia, etc. It r injury or complication which	neans the diseas n caused death	e, .) DUE TO			
	ANTECEDENT CA	USES				
Z	DISEASES OF CONDITIONS		(B)			
AIL	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION	A) STATING TH	HE DUE TO			
-			(C)			
2	OTHER SIGNIFICANT CON	VDITIONS COL				
1	TRIBUTING TO THE DEATH, B	UT NOT RELATE	D			
	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
4						YES NO
T D	HOMICIDE (Specify)		CE OF INJURY (e. g., i: arm,factory,atreet,office bldg.,e			give exact location)
2	21D. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY	m.	WHILE AT NOT WHILE			
	22. I hereby certif Mary	ittended the	-111	ich 1, 15	botoMay/6,10	that I last saw the
	deceased alive on				from the causes and on	
	23A. SIGNATURE	hu		3B. ADDRESS	medarto	230 DATE SIGNED
	AA. BURAL, CREMA- 248. DATE	-12 / 1	24C. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, tow	n or county) (State)
	Burial 1	12/5/	m (all	very	Brooklyn	, ma
L	ATE RECEIVED BY REGISTRA	R'S SIGNATU	RE	25. FUNERAL DIR		ADDRESS
V	AY 181951 Tuntity	ton Pill	auth, Alph	CHARL.	ESA.RIGE	661 W. BARRI
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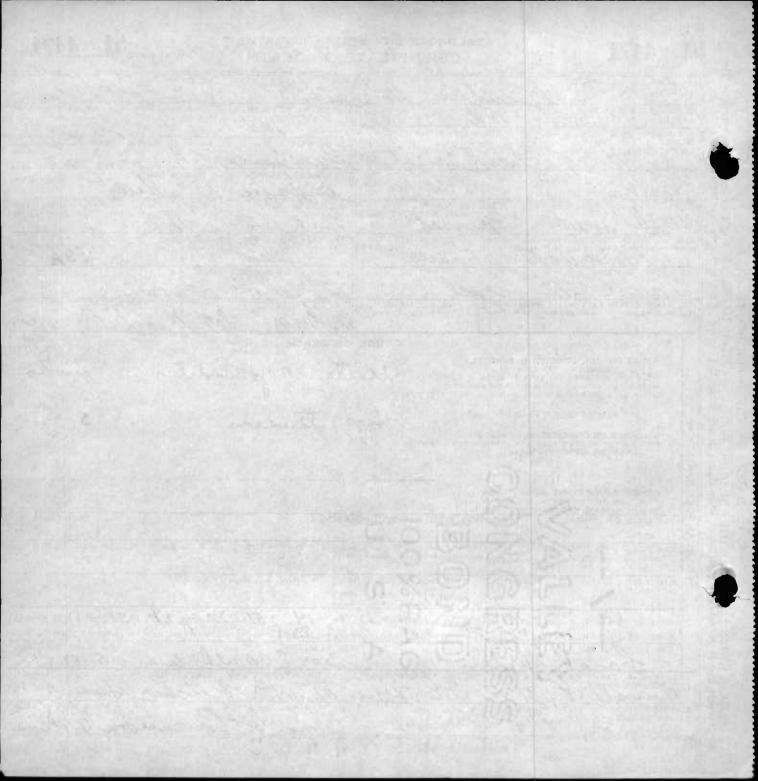
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1. NAME OF DECEA (Type or Print)	FLOREN (	CE MAY	GINSBERG	1		2. DATE OF DEATH M	AY 15th	1051
3. PLACE OF DEATH A. Baltimore City,				4. USUAL A. STATE		Where deceased liv B. COUN		residence fore admission)
B. FULL NAME OF HOSPITAL OR	(If not in hospital	or institution, gi	ve street address or location)		CLAND	If outside corporate	limits web. Di	RAW and give
INSTITUTION	2540 W.	Fairmou	nt Ave.		CIMORE C	ITY 2	0-0	township)
		5	O vrs Mos.			f rural, give location		
c. Length of stay i		7. SINGLE. MA	Days	2540 8. DATE O		RMOUNT A	VE.	If Under 24 Homs
PEMATE V	HITE		IVORCED (Specify)		6/1891	last birthday	Months Days	Hours Min.
10A. USUAL OCCUP, work done during most of work	ATION (Give kind of ing life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY		PLACE (State or		12. CITI	ZEN OF
		At Hom		Mart	insburg	W. Va.	US	
Richard Da					a Johns			
15. WAS DECEASED EV			SOCIAL SECURITY NO.	17. INFOR			ADDRESS	
			No	Fran	k P.Gin	sberg-25	40 W.Fa1	rmount
No.   18. /8/X	1		CAUSE	OF DEATS	4	Λ		T AND DEATH
LEA	R CONDITION DING TO DEATH mean the mode of		In	lma	usm (	Redera	1- 1	an.
heart failure, as	thenia, etc. It means	the disease,	(A)	**********************				
ANT	ECEDENT CAUSE	A Section	les -	01	1,0			5na
Z O DISEASES OR	CONDITIONS, IF	ANY, GIVING	(B) (B)	me	aron	comer	20 1	1100
RISE TO THE AL	CONDITION LAST	TATING THE	DUE TO	a mom	s el 5	Flas.	10	m
OTHER SIGNI TRIBUTING TO TO THE DISEAS	*************		(C)				- Land	1973
OTHER SIGNI	II FICANT CONDITI							
	THE OEATH, BUT NO	AUSING IT.						
	ERATION 0 191	B. MAJOR FINI	DINGS OF OPER		1 Felx	the 1	20. YES	AUTOPSY7
Z1A. ACCIDENT LYING OR COL CAUSE OF DEAT  21D. TIME (Mont	NTRIBUTING		FINJURY (e. g., in story, street, office bldg., e		HERE DID	(If in Baltimore		
21D. TIME (Mont	h) (Day) (Year) (l	Hour)   21E. 1	NJURY OCCURR	ED 21F. H	OW DID INJUF	RY OCCUR?		
		m. WHILE						
	tify that I atter		ased from	10-10	_, 1950 to_	my is,	1957, that I	last saw the
deceased alive of	n May 14	19_1, and		red at5:4		the courses and		tated above.
Jam	2n Kar	zenbe	25(M.D.	7717	nefice	e arest	4 5/	17/1
24A BUNIAL, CREM TON, REMOVAL (Specify		24c.1	NAME OF CEMETE	RY OR CREM	ATORY 24D.	LOCATION (City,	town, or county	) / (State)
Burial DATE RECEIVED BY	May 19-1		udon Park	Cemet	ery Ba	ltimore 1	Maryland	1
Burial DATE RECEIVED BY LOCAL REGISTRAR MAY 18195	tutte et	- White	A, MA	14.7	R III	hobast.	· X	re.
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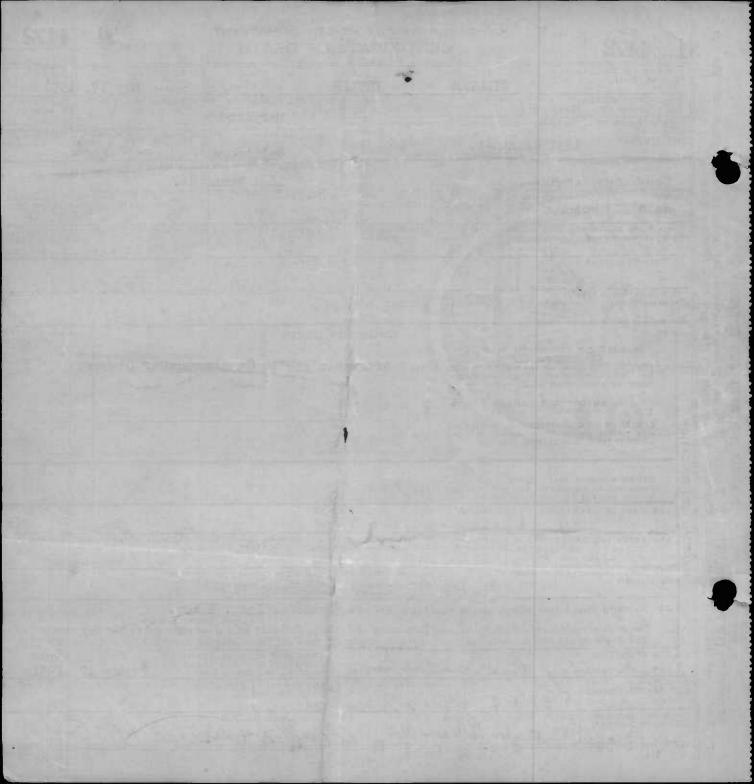
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9 53	4471 BAI	CERTIFICATE OF DEATH	Registered No. 4471
	NAME OF DECEASED Type or Print)	qual Ma niketh	2. DATE 5 16 51.
dd	. PLACE OF DEATH: . Baltimore City, Maryland Md	A. STATE MICH	There deceased lived, if institution: residence B. COUNTY before admission)
.4 II H	FULL NAME OF (If not in hospital or institution)		outside corporate limits, write RURAL and give township)
egib.	Length of stay in Baltimore	ando Mos. Bothacies w	rural, cirflocation
and I	SEX A 6. COLOR OR RACE 7. SINGL	Days   Days   Days   Provider   P	9. AGE (in years   N Under 1 Year   N Under 24 Hours   Min.
wo.	OA. USUAL OCCUPATION (Give kind of the done during must of working life, even if retired)  Out Work  A	DOF BUSINESS OR 11. BIRTHPLACE ISPATE OF F	oreign country) 12 CITIZEN OF WHAT COUNTRY?
	Lauiel M. Car	2 Guna C.	Brown
inf of	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. TO INFORMANT SECURITY NO. TO INFORMANT SEED M. South	ett, Manchester, Mid.
item of	18. 444 X DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN DNSET AND DEATH
Every i	LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	E., (A) Ucute Myocs	detis 3 wks.
	ANTECEDENT CAUSES	(B) Hispertersion	5 yrs.
NG INK.	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	NG	
ADI	11	(C)	
UNF Physic	TRIBUTING TO THE DEATH, BUT NOT RELAT	TED .	
H .		R FINDINGS OF OPERATION	20. AUTOPSY?
Y, WITH hportant.	HOMICIDE (Specify) about hume	ACE OF INJURY (e. g., in or 21c. WHERE DID (farm, factory, street, uffice bldg., etc.)	If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E, INJURY OCCURRED 21F, HOW DID INJUR WHILE AT NOT WHILE AT WORK	Y OCCUR?
TE PL especia	22. I hereby certify that I attended the		nag 16, 1951, that I last saw the
Is is	23A. SIGNOURE	and that death occurred at Zio m., from to	the causes and on the date stated above.
age age	24A. BURIAL, CREMA- 24B. DATE TON REMOVAL (Spepity)	M. D.   24C. NAME OF CEMETERY OR CREMATORY 24D. L	OCATION (City, town, or county) (State)
PLEASE W	DATE RECEIVED BY LINEGISTRAR'S SIGNAT	Wen Haven Hom. M	welle Harry
[4]	LOCAL REGISTRAR	have, Me John J. To	rowan + Son Hollins
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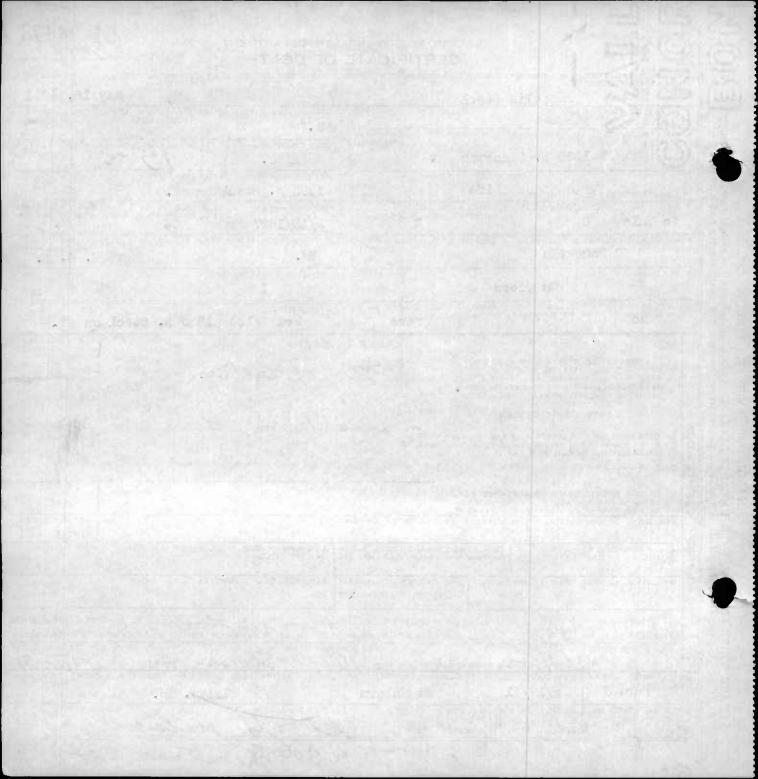


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MARGIN	PLEASE WRITE PL Y, WITH UNFADING INK. Every item of information should	correct age is especially important. Physicians: please write the causes of death clearly an

1			ALTH DEPARTMENT	Registered	51 4473 No. 3698
1.	IRTH NO.	es a		2. DATE	
3. A. B.	. PLACE OF DEATH:		4. USUAL RESIDENCE (W	DEATH	May 16, 1951  I institution: residence
A.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give a	street address or	A. STATE	B. COUNTY	before admission)
II.	ospital or 1335 N. Stockton St.	location)	c. CITY OR TOWN (If	outside corporate lin	its, write RURAL and give township)
legibl	Length of stay in Baltimore	Yrs. Mos. Days	1335 N. Stockt		
y and	Fe Mole C 7. SINGLE, MARR WIDOWED, DIV	IED. ORCED (Specify)	8. DATE OF BIRTH 3/18/1887	9. AGE (In years last birthday) M	h Under I Year I Under 24 Haurs onths Days Hours Min.
clearl	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUS k done during most of principle of the first it retired)	INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
of death clearly and legibly	3. FATHER'S NAME  * Win Green		14. MOTHER'S MAIDEN NA	ME	
o jo sanses of	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (If yes, give war or dates of service) SE	CIAL CURITY NO.	17. INFORMANT Eva Sales	1335 N. Sto	address ckton St.
Physicians: please write the CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A)	y cardi		uprovo
Phys	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
mportant.	19a. DATE OF OPERATION 19b. MAJOR FINDIN  21a. ACCIDENT, SUICIDE, 19b. PLACE OF 1 about home, farm, factor; about home, farm, factor;	NJURY (e.g., iz	or 21c. WHERE DID (I	f in Baltimore City,	20. AUTOPSY?  YES NO  give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJ OF INJURY m. WHILE AT WORK 22. I hereby certify that I attended the decease deceased alive on 5-15, 1951, and that	ury occurre not while at work the from 5 the death occur	21f. HOW DID INJURY  14 , 1951, to 5  red at 4 A m., from th	-/6-, 195	
correct age is especia	23a. SIGNATURE  AA. BURAL CREMA 24B. DATE ON. REMOVAL (Specify) SULTIAL  5/19/51  M	ME OF CEMETER  Auburn		CATION (City, town	23c. DATE SIGNED  5-16-51  n, or county) (State)
correc	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR WILLIAMS AND	Audum	25. FUNERAL DIRECTOR	Kelson	ADDRESS
	VS 150	2000	419168	trans.	12920



UNFADING INK. Every item of information should be c. Physicians: please write the causes of death clearly and legibs.

LY, WITH important.

PLEASE WRITE Propriet age is espech

MARGIN RESERVED FOR BINDING

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4474 egistered No.

BI	RTH NO.			CERTIFICAT	E OF DEATH	Register	ed No.
1.	NAME OF E	DECEASED	-			2. DATE	
(T	ype or Print)	T.TT.I	IAN	J. PECK		OF DEATH	5/16/1951
	PLACE OF E	City, Maryland			A. STATE		d. If institution : residence
	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or location)			
	STITUTION	922 Harlem	Ave	iocation)	C. CITY OR TOWN  BALTIMORE	(If outside corporate	limits, write RURAL and giv township
-				Yrs.	o. STREET ADDRESS	(If rural, give location	1)
c.	Length of s	stay in Baltimore	50v	rs Mos.	922 HART	FIT AVE	
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in year	Months: Days Hours: Min.
	F	C	MARR		1/6/1888	63	Months Days Hours Min.
10 worl	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF
	HOUSEW		DOME		_ SHADYSTDE.	MID	WHAT COUNTRY
13	. FATHER'S				14. MOTHER'S MAIDEN		
	RICHA	RD DAVIS			SUSANNA TU	RNER	
15 (Ye	. WAS DECEAS	ED EVER IN U, S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT	DIN PH	ADDRESS
(10	MO	NO	0. 10. 10.0)	SECURITY NO.	GEORGE PECK (	H)-922 HAR	TEM AVE
	18. 1.	3× .			OF DEATH	, BR	INTERVAL BETWEEN
	,	SE OR CONDITION		1		1	ONSET AND DEATH
	(This does	s not mean the mode of	f dying, e,	8. (A) Caren	umas of the	cutestine	(3)
	heart failt	ure, asthenia, etc. It mea complication which c	ns the diseas aused death	se,	<i>y</i>		
		ANTECEDENT CAUS	Fe				
z		ANTECEDENT CAUS	153	(B)			
NOIL		S OR CONDITIONS, 11 THE ABOVE CAUSE (A)					
<	UNDERL	YING CONDITION LA	ST.	(C)			
FIC							
RTI	OTHER S	II SIGNIFICANT CONDI	TIONS COL	N.			
Ш	TRIBUTING	G TO THE OEATH, BUT	NOT RELAT	EO	Mycardetic		- A 483 S S S S S S S S S S S S S S S S S S S
U				FINDINGS OF OPER			20. AUTOPSY?
Ā					/		YES NO
EDIC		DENT WAS UNDER-		ACE OF INJURY (e. g., i ferm.factory,street,office bldg.,		(If in Baltimore Ci	ty, give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F, HOW DID INJ	URY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	-late	dille	
		by certify that Latt			0/1/8/, 19_, to_	/ /	9, that I last saw th
	deceased a	Tipe on S/19	<b>5</b> 19	and the death occur	Ted (n D a.m., from	the chuses and o	on the date stated above
	ZJA. SIGNA	Van ()	ulia	es. V	TII TO BOLL	100/8	23C, DATE SIGNED
	A. BURIAL,			2 C. NAME OF CEMETE	RY OR CREMATORY   24E	LOCATION (City, t	own, or count() (State)
		Syecify) 5/10/	157				
	ATE RECEIVE		S SIGNATI	MT. AUBURN	25. FUNERAL DIRECTO	ALTO.MD.	ADDRESS
	WAY 181	TRAR	标版	lianes M.M.			ARROLLTON AVE

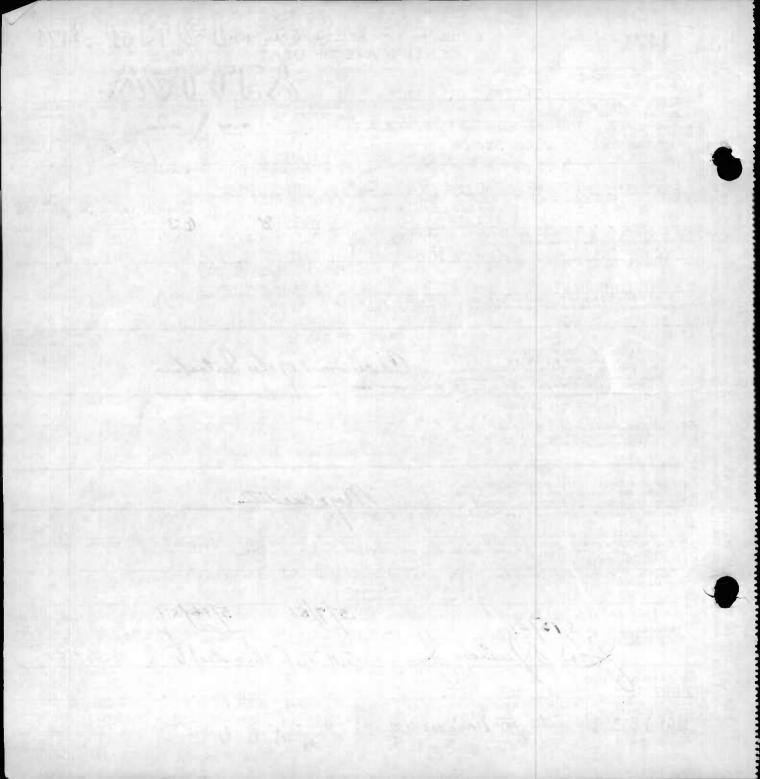
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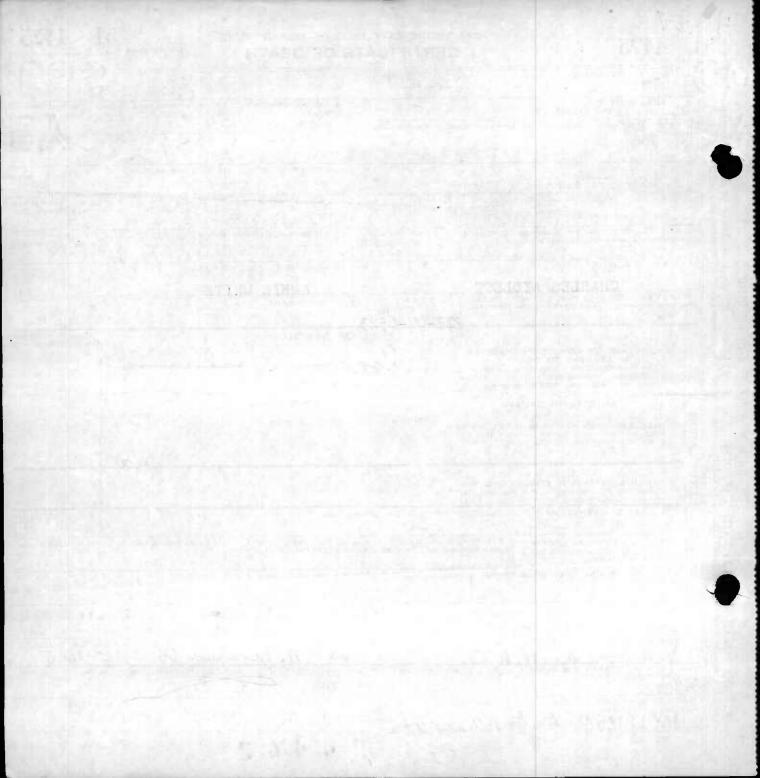
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before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND OFATH

20. AUTOBSY

25. FUNERAL DIRECTOR

Cooper-512

REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

VS 150

ADDRESS

Carrollton a

23c. DATE SIGNED

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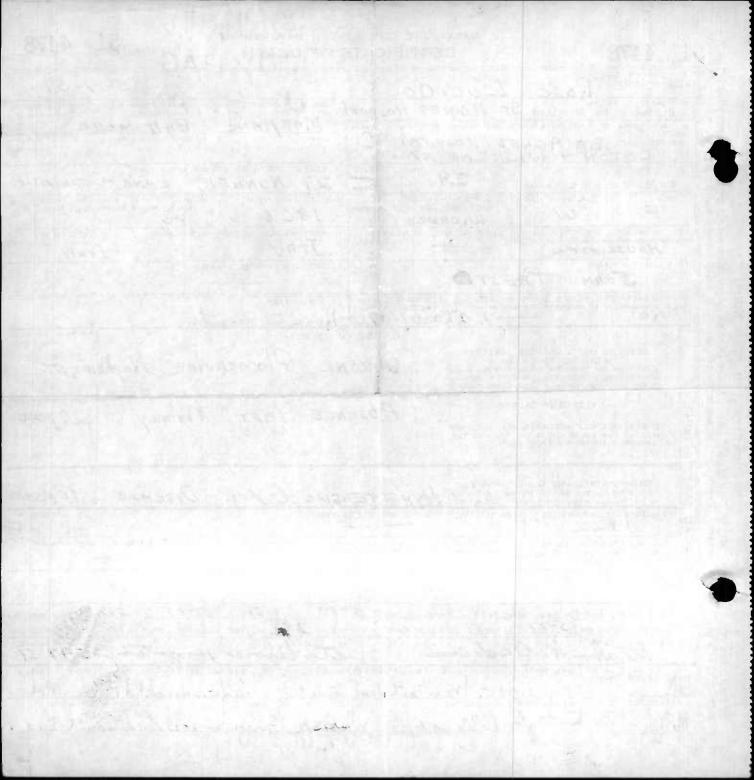
11	135		
BI	/ / / / /	TE OF DEATH Registered No	7
	NAME OF DESCASED Juan Gardi	2. DATE May 17-1951	_
A.	PLACE OF DEATH: Baltimore City, Maryland 27 N Carey St  FULL NAME OF. (If not in hyppital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived, If inditution; residence A STATE B. COUNTY before admiss	
H	OSPITAL OR GOTA Samanti Hone glocatio		
c.	Length of stay in Baltimore 50 Yrs Mos Day	8. Irar W Fa the St	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH   9. AGE (In years) It Under 1 Year   It Under 24	Hour Min
10 work	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTR	1). BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT	rRY
13	3. FATHER'S NAME GABORES	14. MOTHER'S MAIDEN NAME	
15 (Yes	S. WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS	-
	18. $4 \times 7.1$ CAUSE	E OF DEATH INTERVAL BETWOODSET AND DE	
ICATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL C	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPI		
EDIC/	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bldg		
Σ	OF INJURY  OF INJURY  MAILE AT WORK  MORK	LE	
	22. I hereby certify that I attended the deceased from	(ay 15, 15 to May 1) . 15/ that I last saw	t}
	deceased alive on 100 1, 190 1, and that death occ	curred at 955 h., from the causes and on the date stated about 238. ADDRESS 23c. DATE SIGN	IEC
2.4 TIC	ON, REMOVAL (Specify)	TERY OR CREMATORY 240. CATION (City, town, or gounty) (Sta	4
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR MILITARY MILI	25. FONERAL DIRECTOR ADDRESS	
	VS 150	4 12/1 81. Phlingter Que 93 D	

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				HEO. PLANTE MAN HE TO SEE THE PERSON
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A CONTRACTOR OF THE PARTY OF TH				
Committee of the same of the s				
The Street County County and the Street County of t		S. S. S.		
			100	

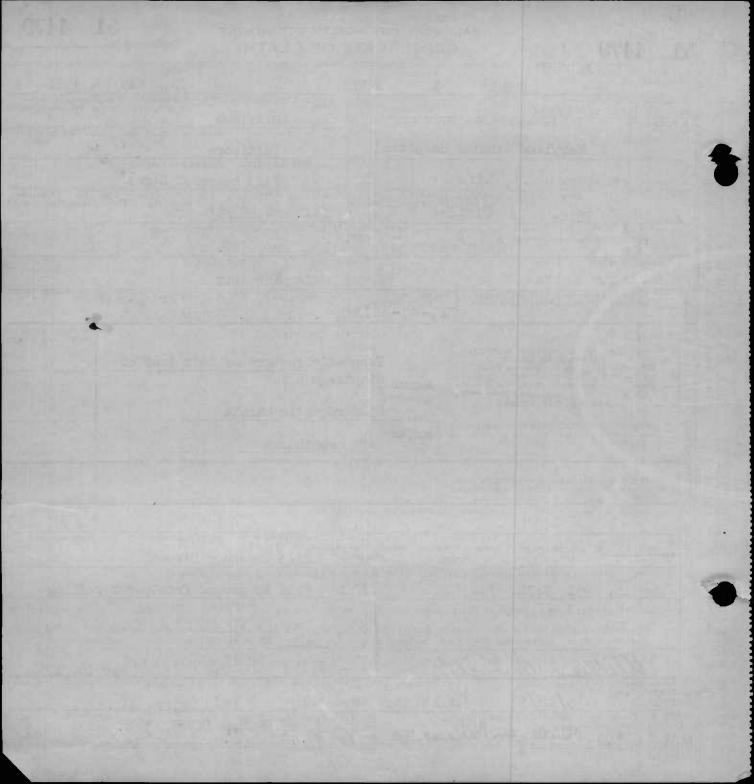
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence HOSPITH A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MIMORE HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN AGNES INSTITUTION AVES. Yrs. D. STREET ADDRESS (If rural, give location) NUNNER c. Length of stay in Baltimore should be 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 9. AGE (In years last birthday) WIDOWED, DIVORCED (Specify) Months Days WIDOWED 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY HOUSEWIFE information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RESTI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. nn or unknnwn) (If yes, give war nr dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, nn or unknnwn) SECURITY NO NO of INTERVAL BETWEEN 18. CAUSE OF DEATH 2 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION ILY, WITH important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about hnme, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 1951, that I last saw the 22. I hereby certify that I attended the deceased from. WRITE ge is espe deceased alive on 5-17 19 5% and that death occurred at_ Lm., from the causes and on the date stated above. 24A. BURIAN CREMA-24B, DATE 24c. NAME OF CEMETERY OR LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR FUNERAL VS 150

township)

Hours: Min.



BINDING

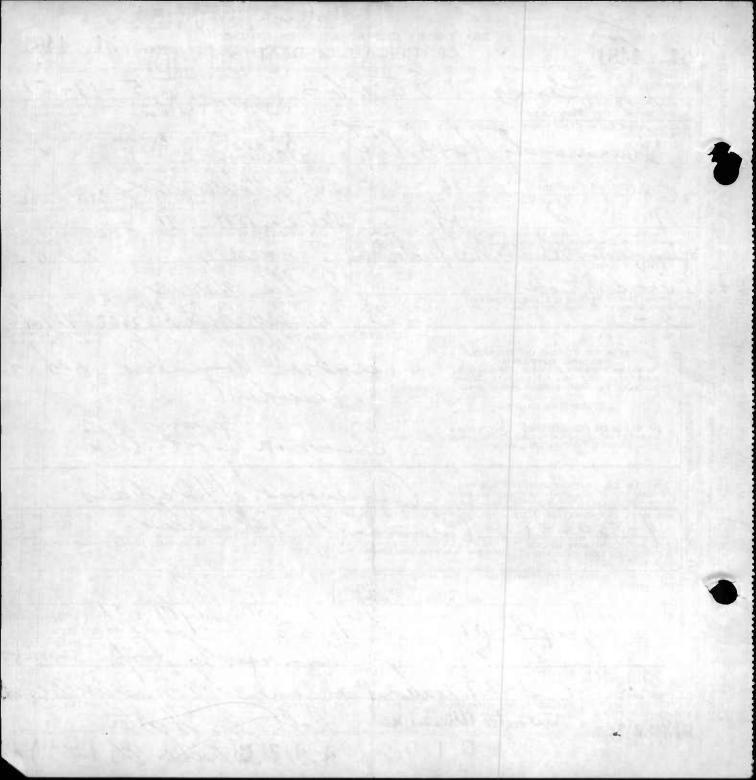


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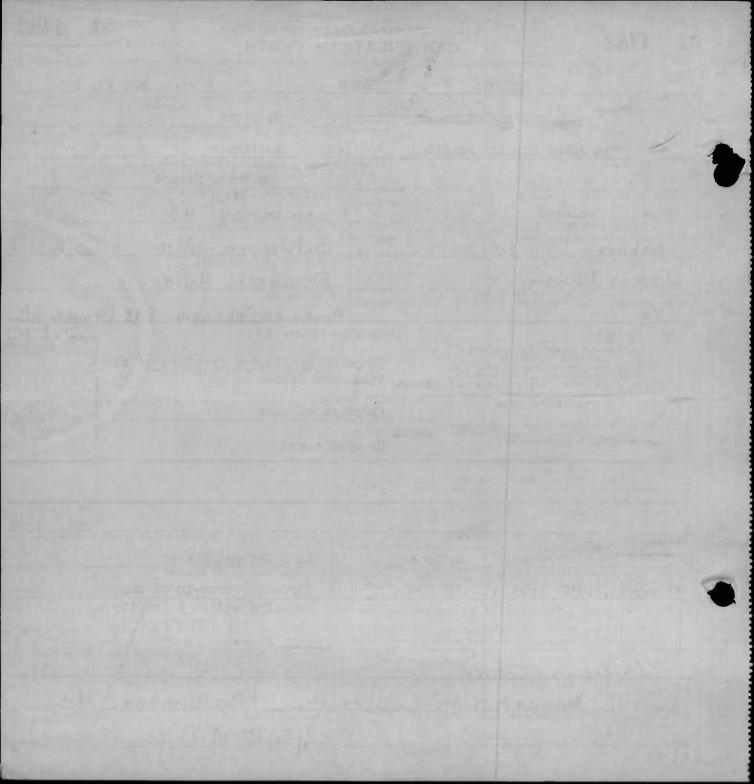
The	1	4480 IRTH NO.		DAL (	CERTIFICAT	E OF DEATH	Regist	ered 5d.	4480
		NAME OF D Type or Print)		rank (	Levan) Lewan		2. DATE OF DEATH	5-17-	-51
supplied	Α.		City, Maryland		timore	A. STATE MO.	ICE (Where deceased I	ived, If institu ITY	tion : residence before admission)
y.	H	OSPITAL OR	221 S. Wolfe		location)	c. CITY OR TOWN	(If outside corpora	te limits, with	PURAL and give township)
legibi	c.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRES 221 S. WO	s (If rural, give locat Lfe Street	ion)	
should be	5.	SEX	6.COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In ye las Hirthd	ears If Under I Y Months I	fear H Under 24 Hours Days Hours Min.
on shou	10 worl	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)		of Business or INDUSTRY  Lumber Co.	11. BIRTHPLACE (Sta		12. C	USA COUNTRY
information is of death cle	13	FATHER'S	homas Lewando	owski	(Kow)	14. MOTHER'S MAIE Frances			
of info	15 (Ye	5. WAS DECEASI 18, no or unknown)	ED EVER IN U. S. ARMED (If yes, give wer or dates	FORCES?	16 SOCIAL SECURITY NO.	17. INFORMANT FrancesLewar	ndowski 221	S. Wolf	Street
ADING INK. Every item of icians: please write the causes	FICATION	(This does heart failuinjury or DISEASE:	LEADING TO DEAT LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea: complication which c ANTECEDENT CAUSE SOR CONDITIONS, IF HE ABDVE CAUSE (A) YING CONDITION LA	'H f dying, e. g ns the disease aused death.  ES FANY, GIVING STATING TH	(A)		eume		TERVAL BETWEEN  SET AND DEATH  BELOLD
UNFADING Physicians:	CERTII	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE DR CONDITION	NOT RELATE	DEM & MULLI	ceasitis-	Wender &	newig	?
H	AL	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			YES NO
VES 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., ste.)  LYING OR CONTRIBUTING LYING CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., ln or INJURY OCCUR? INJURY OCCUR?  LYING OR CONTRIBUTING LYING CONTRIBUTING LYING CONTRIBUTING CONT								act location)	
A	2	21D. TIME OF INJURY	(Month) (Day) (Year)		THE AT NOT WHILE AT WORK		NJURY OCCUR?		
WRITE PLA		22. I hereb deceased a 23A. SIGNA		- 1/	deceased from As	1 36,	to May If from the equises and	d on the dat	t I last saw the te stated above. DATE SIGNED
田田	2.4 TI	4A. BURIAL, ON, REMOVAL (S BURIA	Pecify) 5-21-	-/- X7	4c. NAME OF CEMETE St. Stani		Baltimo		nty) (State)
PLEAS	D.L.	ATE RECEIVE OCAL REGIST MAY 181	BY REGISTRAR	s SIGNATU	RE	25. FUNERAL DIRECT	ilu da.		Wolfe Stree

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		TO A LABOR			
				· 12.45	
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	Frances Organi		ioio brown	Thomas La	
	MIO 23 E.S. Sand	Stroke	P-0 070	· · · · · · · · · · · · · · · · · · ·	× 101



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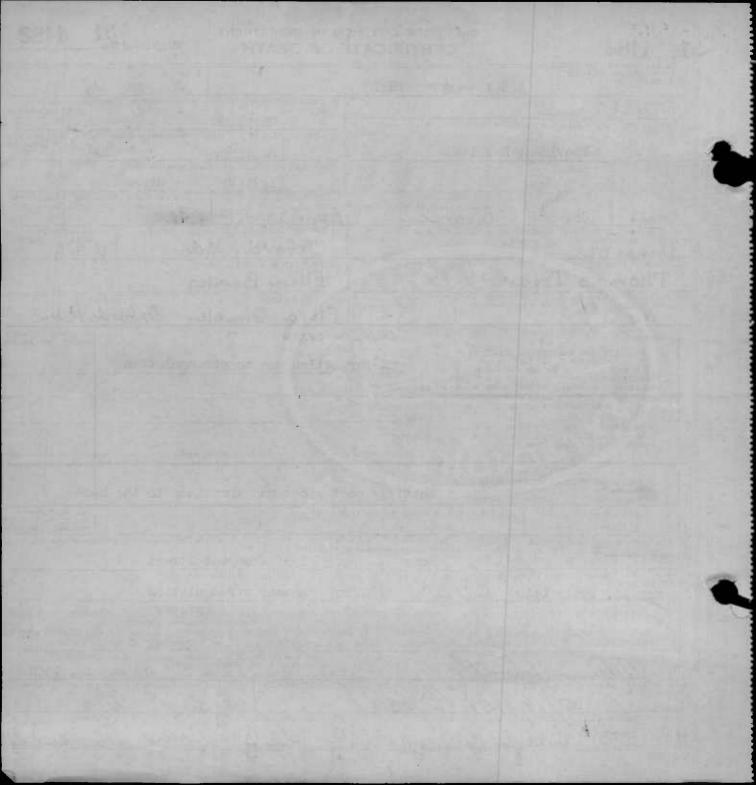


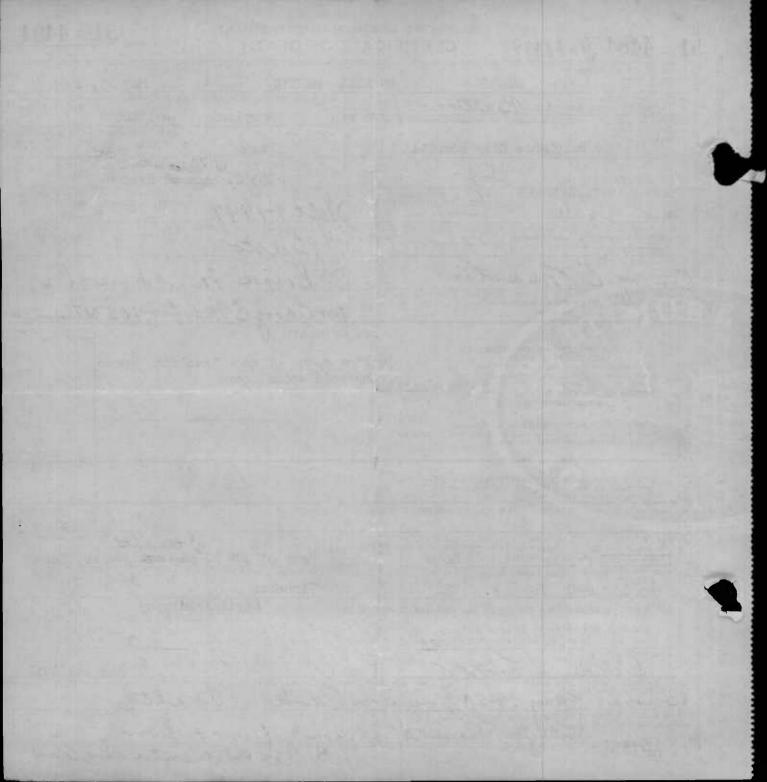
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

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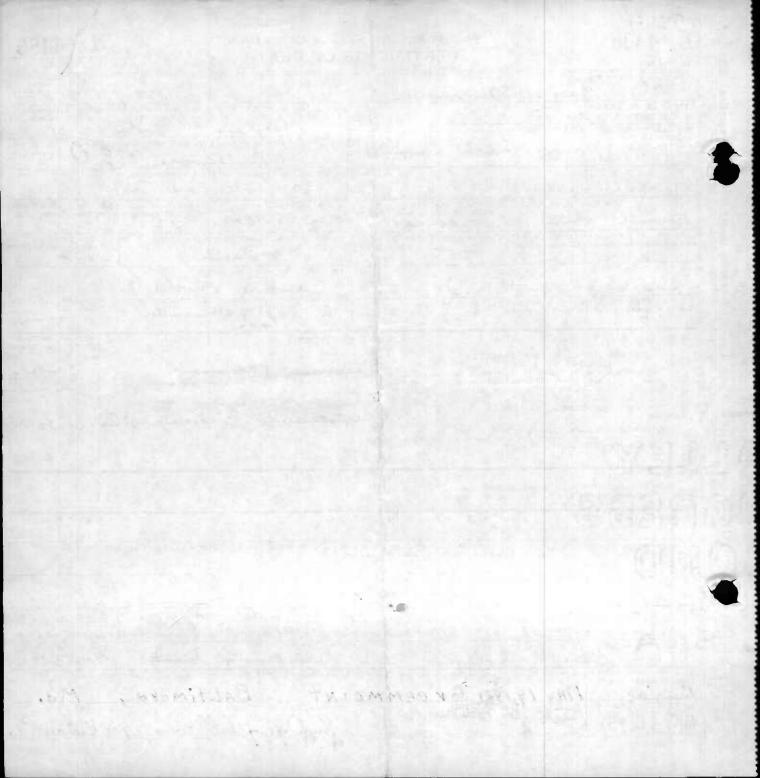
TH NO.	- O. DE		
AME OF DECEASED	2. DATE		
e or Print) NANCY Dyer PEYTON.	OF May 14, 1951		
ACE OF DEATH: altimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
ILL NAME OF (If not in hospital or institution, give street address or PITAL OR location)	Maryland		
TITUTION	c. CITY OR TOWN (If outside corporate limits, write RERAL and give township)		
Provident Hospital	Baltimore Baltimore		
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
ength of stay in Baltimore Days	1335 Woodyear Street		
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under I Vent I Under 24 Hours I last birthday) Months: Days Hours Min.		
emale Colored Divovced	APRIL 23,1465 46		
USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Domes tic	Oxtora, Mar. IV.S.A.		
ATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Thomas Dyer	Ellen Banks.		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL o or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
o or unknown) (If yes, give war or dates of service) SECURITY NO.	Flora Trimble. Oxford, Md.		
278311	OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	xiation due to strangulation		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Atacion due to Scrangulacion		
injury or complication which caused death.) DUE TO	A STATE OF THE PARTY OF THE PAR		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
(C)			
11			
OTHER SIGNIFICANT CONDITIONS CON-	ntusions and abrasions to the head		
TO THE DISEASE OR CONDITION CAUSING IT			
9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			
	YES X NO VEST		
1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in NDERLYING A OR CONTRIB. about bome, farm, factory, street, office bldg., e			
TING   CAUSE OF DEATH.   Home	1335 Woodyear Street		
1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE			
May 14, 1951 1:40 Am. WHILE AT WORK AT WORK	Manual strangulation		
22. I certify that I took charge of the remains described a			
	Autopsy, Inspection or Inquiry		
and death in my opinion resulted from natural causes	nquiry, find that said deceased died on the day stated above, $\Box$ , accident $\Box$ , suicide $\Box$ , homicide $\mathbf{x}$ undetermined $\Box$ .		
3A. SIGNATURE			
11/201. 11/	D. MEDICAL INVESTIGATOR		
BURIAL, CREMA-1 248, DATE 24C, NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
REMOVAL (Specify) 5/19/1951 (Oh froh M.	Odlard Mal		
RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322N		
AL REGISTRAR	n. N. + Rhadia		
M 18 1901 Musta ite Williams 48	mis wall of mallamy schooler St		
151	8918 1141		
1200	168		





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1	11 4485	BALTIMORE CITY HE	EALTH DEPARTMENT		51 4485
ne	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	7100
E	1. NAME OF DECEASED			2. DATE	
.pg	(Type or Print) Mary S. S.	teinmuller		OF DEATH May	17.1951
supplied.	a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY,	
S	HOSPITAL OR	institution, give street address or Jocation)		Balto.	
1	INSTITUTION Union Memorial Hospital			outside corporate limit.	township
TOU		Yrs.	o. STREET ADDRESS (If	rural, give location)	
e c	c. Length of stay in Baltimore	0 b Days			
uld be c		SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	May 29, 1864	9. AGE (in years Muller last birthday) Mon	ths Days Hours Min.
on should clearly an	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
on	~ None		Marylan	4	WHAT COUNTRY
ati	13. FATHER'S NAME	(0)	14. MOTHER'S MAIDEN NA	44 (4)	
des	Charles R. Smith	(12)	Caroline 1	Fomble (D)	
f information ses of death clear	15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or uokoowo) (If yes, give war or dates of as	RCES? 16. SOCIAL SECURITY NO.	17 INFORMANT J. sta	ummelle AD	DRESS Some
Every item of i	18. 420,1	CAUSE	OF DEATH		INTERVAL BETWEEN
iter e c	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
th	(This does not mean the mode of dy	ing, e. g., (A) Co	ronay Thom	bosio	3 week
Ever	heart failure, asthenia, etc. It means the injury or complication which cause				
P	ANTECEDENT CAUSES				
INK.	Z DISEASES OR CONDITIONS, IF AN	(B)	nioselevotie Co	advovasente Dis	was Years
r II	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING TING THE DUE TO			
UNFADING Physicians:	U CREEKETING CONDITION EAST.	(C)			
NDI ciar	11				
IF.	OTHER SIGNIFICANT CONDITION				
Ph	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL				
		MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
WITH rtant.	21A. ACCIDENT WAS UNDER. 2	18. PLACE OF INJURY (e. g., i	o or   21c. WHERE DID (I	e in Dolainene City -:	YES NO L
LY, WITH important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	out home, farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
百品	21D. TIME (Month) (Day) (Year) (Ho OF INJURY	ur) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	I LAUFELL LE GELVE	m. WHILE AT NOT WHILE			
PI	22. I hereby certify that I attend	ed the deceased from M	ay 16, 1957, to 1	7 ay 17 1951	that I last saw th
FE	deceased alive on May 17, 19		red at 12:35 pm., from th	ie causes and on the	date stated above
WRITE ge is est	23A. SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
Be W	24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	Union Menoral		Wan 13 182
SE	TION, REMOVAL (Specify)	OCATION (City, town, o	r county) (State)		
EA	DATE RECEIVED BY REGISTRANS	GATURE CEMMO	ONT DAL	timore,	ADDRESS.
PLEASE W	LOGAL REGISTRAR	TYPHILITIME, MEN	(10 0 h: 10	00.0	o Entaw PI
	WAT 101351		xogn of neichel	1 Tomo 190	o Culaur V
	VS 150	1	4		0-



BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

Registered :		4486
2. DATE OF DEATH Ma: re deceased lived, li B. COUNTY	y 17.	1951 on: residence efore admission)
tside corporate thei	ts, write h	URAL and give township)
al, give location)		
O. AGE (In years last birthday)	if Under 1 Year onths Day	lt Under 24 Hours ys Hours Min.
ign country)		IZEN OF AT COUNTRY?
E		
	DDRESS	
Species of the second of the s	INTE	COURT
	20	D. AUTOPSY?

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

1951, to Mesey 16, 1951, that I last saw the

(If ou

(If ru

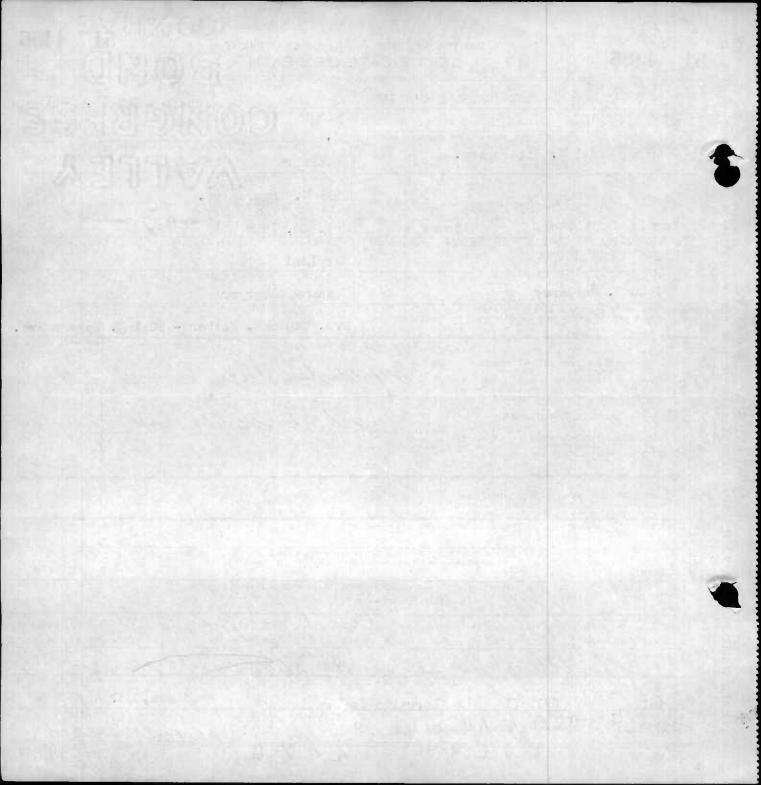
1951, and that death occurred at 2 301 m., from the Eduses and on the date stated above. 23B, ADDRESS 23c. DATE SIGNED

24D. LOCATION (City, town, or county)

FONERAL DIRECTOR

Woodlawn, Md.

ADDRÉSS

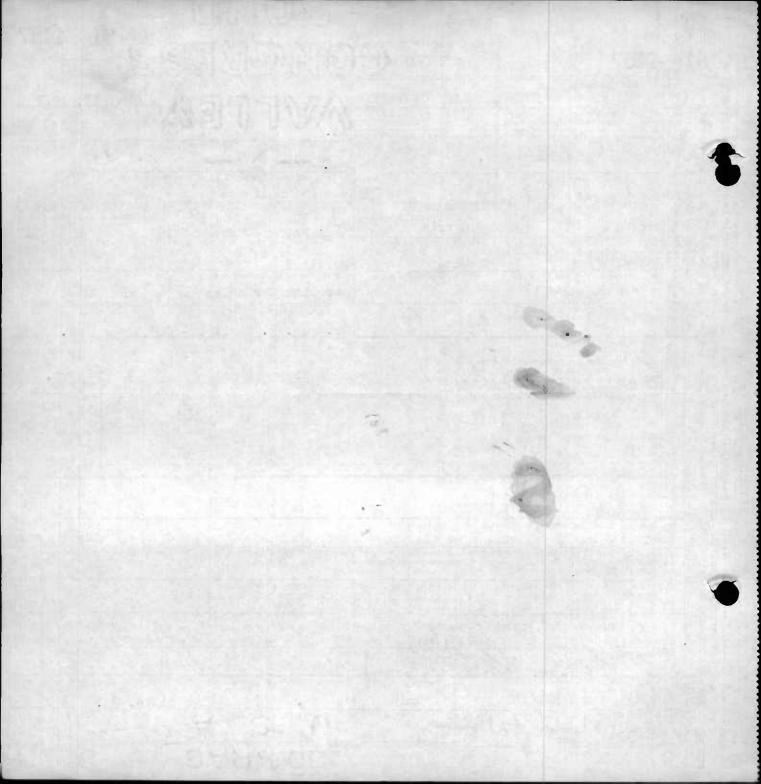


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

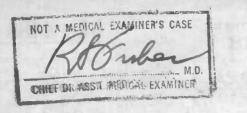
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Registered	No.	

The	1	30 RTH NO.					ALTH DEPARTMENT E OF DEATH	Registered		4487
	1. (T	NAME OF DECEASED ope or Print)		H CAROL	INE GARRAT	T		2. DATE OF DEATH	May 1	7 1051
supplied.	Α.	PLACE OF DEATH: Baltimore City, Ma FULL NAME OF (If		l or instituti	ion, give street addr	PAGE AP	4. USUAL RESIDENCE (WI A. STATE		If institu	tion: residence before admission)
1	H	SPITAL OR	4 Swann			ation)		outside corporate lin	nits white	RURAL and give township)
e ca legibr	Yrs. C. Length of stay in Baltimore  Yrs. Mos. Days						D. STREET ADDRESS (If r 404 Swann Avenue	ural, give location)	***************************************	
R BINDING em of information should be causes of death clearly and		SEX 6.COLO whi	r or RACE	WIDOW	MARRIED, ED, DIVORCED (S arried		B. DATE OF BIRTH Feb. 3, 1896	9. AGE (In years last birthday) 55	ff linder 1 Months: I	Year H Under 24 Hours Days Hours Min.
n shor	1C worl	A. USUAL OCCUPATIO done during most of working life Housewife	N (Give kind of e, even if retired)	108. KIND	OF BUSINESS O		11. BIRTHPLACE (State or for Maryland	reign country)		ITIZEN OF HAT COUNTRY?
r natio ath	13	FATHER'S NAME Frederick Le	inald	0.0 11	0.1.0		14. MOTHER'S MAIDEN NA		1	
BINDING of inform uses of dea	15	. WAS DECEASED EVER IT	U. S. ARMED	FORCES?	16. SOCIAL		Caroline Christia	n	ADDDE	
IND f in es o	(Ye	, no or unknown) (If yes,	give war or dates	of service)	SECURITY	NO.	Mr. Geo. P. Garra	tt = 404 Si	ADDRES	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car	RTIFICATION	(This does not mear heart failure, astheni injury or complicat	G TO DEAT  the mode of the mod	H f dying, e. g s the disease aused death ES ANY, GIVIN STATING TH	(B)	•••••	noma recto signoi	d		2 yrs.
M/ UNF Phys	CER	TRIBUTING TO THE	DEATH, BUT I	NOT RELATE	D Г		14,-1949			
WITH rtant.	CAL	Oct. 14, 1949	9	extensi.		na c	of rectosigmeid, m		nodule	
Y, WITH	/EDI	21a. ACCIDENT WAS LYING ☐ OR CONTR CAUSE OF DEATH			CE OF INJURY arm,factory,street,office			in Baltimore City	, give ex	act location)
	-	21D. TIME (Month) OF INJURY	(Day) (Year)		WHILE AT NOT WORK AT			OCCUR?		
PLEASE WRITE PLA		22. I hereby certify deceased alive on 23A. SIGNATURE	that I att	ended the	deceased from	oecur		e causes and on	the dat	t I last saw the te stated above. DATE SIGNED
SE W	24 TI	N REMOVAL (Specify)	4B. DATE			METE	RY OR CREMATORY 24D. LC	CATION (City, toy		
PLEAS correct		SUTIAL  TE RECEIVED BY FOR THE PROPERTY IN 18195	5/19/5			E d	ge Com.	Pikesville,	ADD ADD	RESSORIE
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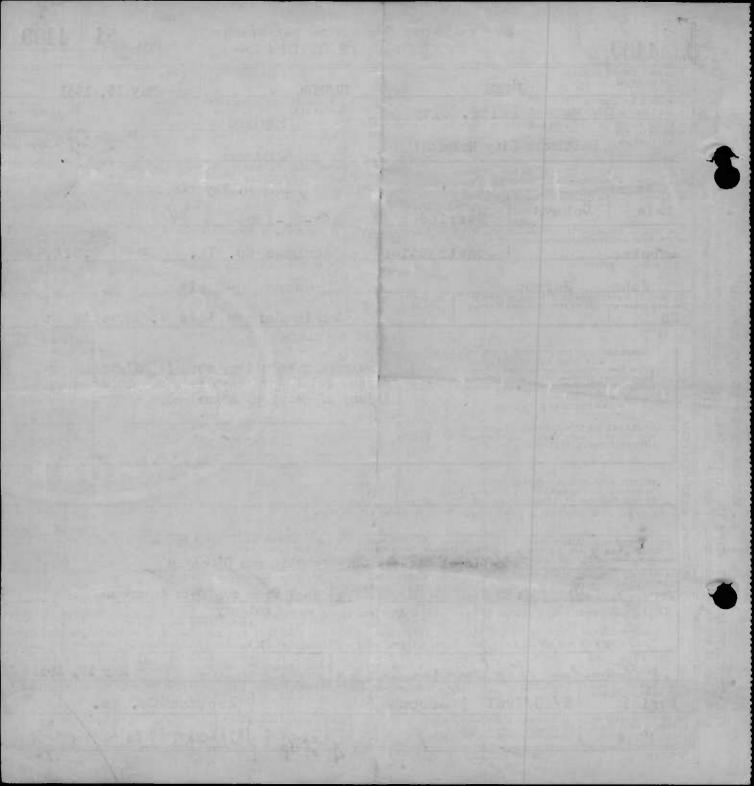


ed. Exam. Case BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MAY 1 6 1951 DEATH 3. PLACE OF DEATH: RESIDENCE (Where deceased lived, If institution: residence 4. USUAL A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give the location)

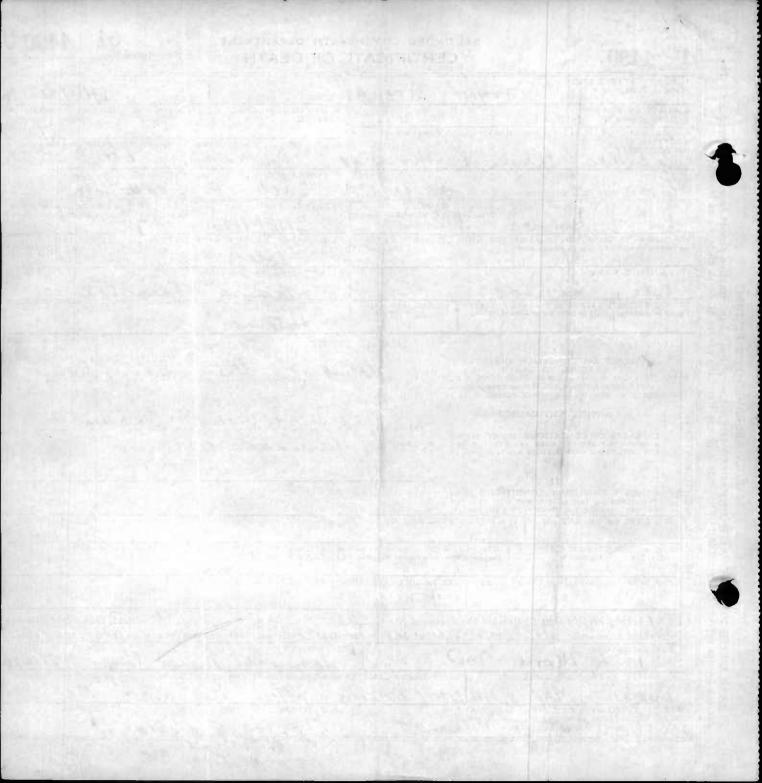
The Johns Hopkins in location) B. FULL NAME OF HOSPITAL OR (If outside corporate limits. INSTITUTION township) Baltimore 5, Mc. More (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days on should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 24 Hours AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. Widowed Sept. IO. OA. USUAL OCCUPATION (Give kind of work doos during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? information Housewife Chester South Carolini 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL Johns Hopkins Hospitas (Yes, no or uokoown) SECURITY NO 18. INTERVAL BETWEEN CAUSE OF DEATH S ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. CATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... ī RT OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY IX, WITH EDICAL 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WRITE PLA AT WORK 22. I hereby certify that I attended the deceased from 5-15-1957, to 5-16- , 1957, that I last saw the , 1957, and that death occurred at 1220 fm. from the causes and on the date stated above. deceased alive on 5-16-23A. SICHATUE Baltimore 5, Md 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) PLEASE Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE UNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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13	62		4 4400
1	1100	TE OF DEATH Registered N	1 4490
1. (T:	NAME OF DECEASED pe or Print) M. FOHN SITARA	S. 2. DATE OF DEATH	5/16/51.
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i	institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR		- 4
IN	le hurch Hame & Horais	de Paltinor	wnship
300	Yrs. Length of stay in Baltimore	2 and E Dance	Str
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	B. DATE OF BIRTH   9. AGE (In years)   H	Under I Year M Under 24 Hours nths Days Hours Min.
10 work	USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  OWNER  RESTAURANT	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.
16	Pete Sitaras.	anna Tripot	tres
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT AL	DDRESS
	18. 427.1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	entered thrown lamin	Re
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO		/ 9 .
	ANTECEDENT CAUSES		
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RTIF	(C)		
ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
U	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?
CAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.	, in or   21c. WHERE DID (If in Baltimore City, g	YES NO
EDI	HOMICIDE (Specify) about home, farm, factory, street, office blds		ive exact ideation)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from.		, that I last saw th
	deceased alive on 5/15/, 19 5/, and that death occ	urred at 3. 15cm., from the causes and on th	e date stated above
	Kinh More MD. M.D.	de hunch Home Hos	p. 5/16/3
24 TIC	A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMET	TERY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)
DA	TE RECEIVED BY   REGISTRAR'S SIGNATURE	LOX CEMETERY BALTIMORE,	ADDRESS
M	CAL REGISTRAR Author Williams, M. of	Leorge S. Hanew in	20
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. ANNA SVEHLA May 16, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 131 N. Potomac St. A. STATE B. COUNTY Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 62 years 131 N. Potomac St. c. Length of stay in Baltimore Davs on should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | Wonder | Year | If Under 24 Hours last birthday) | Months Days | Hours | Min. 1872 female white widowed Aug. 10, 1870 80 78 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY housewife information Czechoslovakia at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death John Mudra Marie Muller 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT John V. Sadler I'S N. (Yes, no or unknown) SECURITY NO. John S. Svehla, son, above causes Jo CAUSE OF DEATH 20,1 item Every ite DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. RESERVED injury or complication which caused death. DUE TO ANTECEDENT CAUSES INK. (B) NOIL DISEASES OR CONDITIONS, IF ANY, GIVING santino-schons RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ADING UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFICA MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED H TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION HLL DIC (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WRITE PLA AT WORK 16. 195 that I last saw the an 22. I hereby certify that I attended the deceased from deceased alive on 200 16, 1951, and that death occurred at 133 P.m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS lllacer age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240, LOCATION (City, town, or county) PLEASE Holy Redeemer Cemetery 4430 Belair Rd. Balto. Md Burial May 19. 25. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 260143-5 EU Madison St.

VS 150

ADDRESS

before admission)

12. CITIZEN OF

Potomac St.

INTERVAL BETWEEN

ONSET AND DEATH

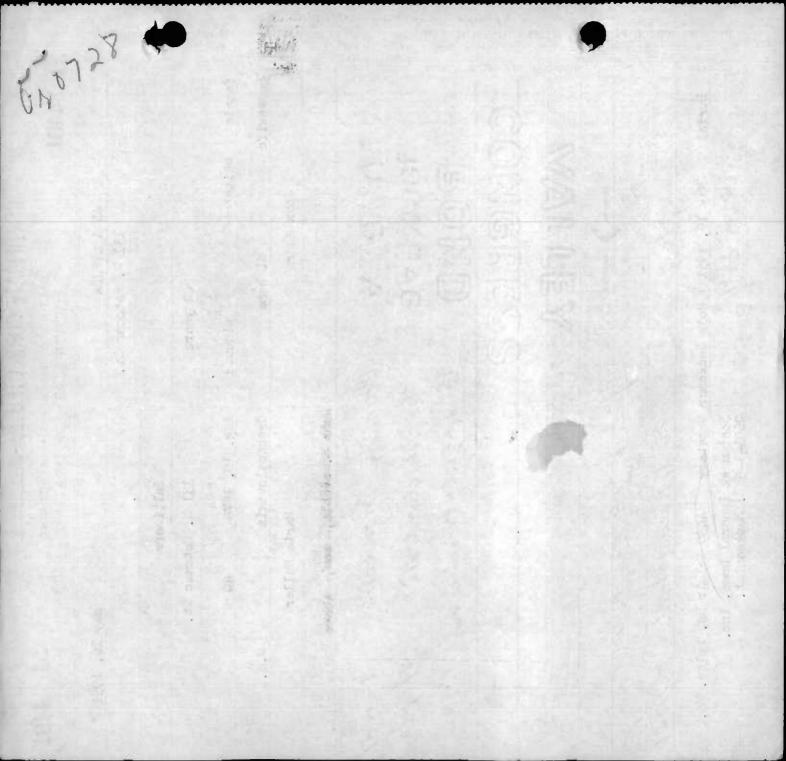
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23c. DATE SIGNED

U.S.

WHAT COUNTRY

township)



## BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE May 17, 1951 (Type or Print) GEORGE RIILEY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) Maryland of not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limit, )r WRAL and give INSTITUTION St. Joseph's Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mog. 937 N. Castle St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | Il Beder | Year | If Under 24 Hours | In under 24 Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Sept. 16, 1902 married Male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Corman & Wasserman U.S. WHAT COUNTRY? Baltimore, Md. Cutter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EL 47 1.9/4 Fannie Kellenbach John Ruley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) Mrs. Helen Ruley, wife, above INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary artery sclerosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIFIC OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO X CA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ā UTING [ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an Insp. Ina. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses 🕱, accident 🗆, suicide 🗀, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore Cem.

Burial DATE RECEIVED BY May 21, 1951

North Ave. & Rose St. Balto.Md.

Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St. REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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UNFADING Physicians: important.

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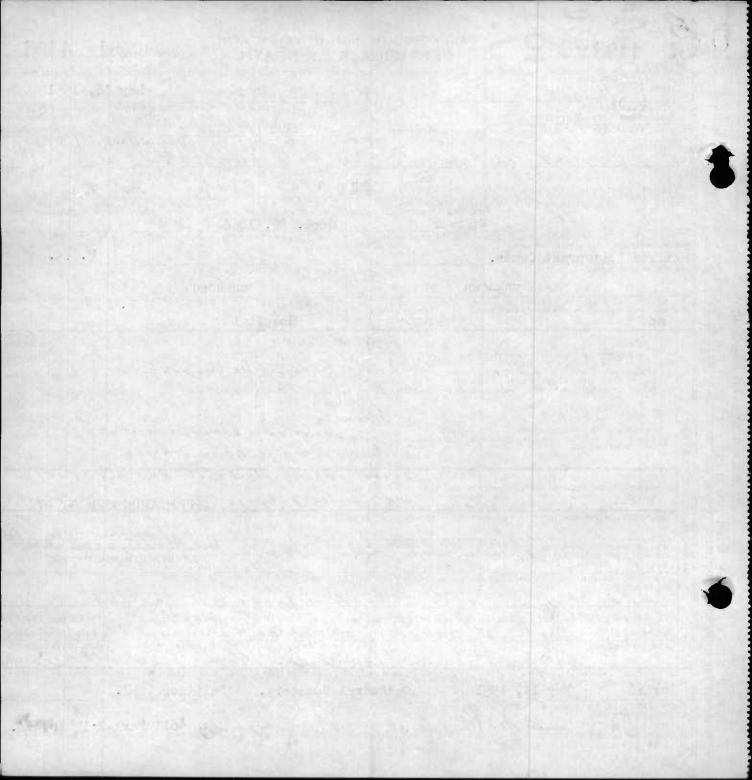
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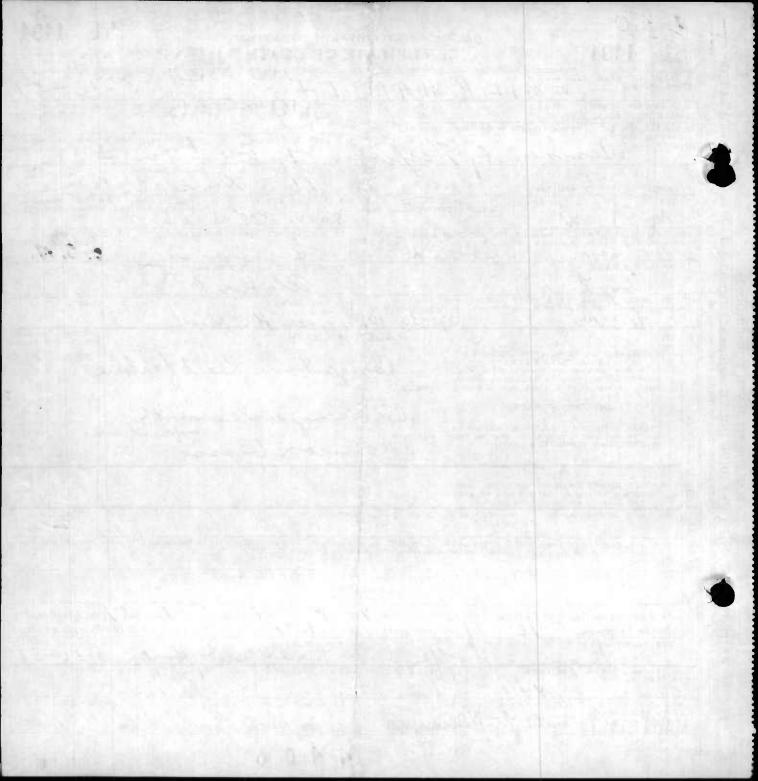
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE AM NE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) BACOUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township South Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY House with Myore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Itzel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) none URITY NO Anna llinghaus, 414 N. Glover Street no no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED CRIEF OR ASST. MEDICAL EXAMINER. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 0 NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from. 7, 19 I that I last saw the deceased alive on_ 19 and that death occurred at_ P.m., from the causes and on the date stated above. 23A. SIGN ATURE 23c. DATE SIGNED 24D. LOCATION (City, town, or county)
Belair Rd., 24A. BURIAL, CREMA 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Durial (Specify) Holy Redeemer Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS MAY 181951

VS 150

Schimunek Funeral Home Inc.

2601-03-05 E. Maddeon Street Balto.

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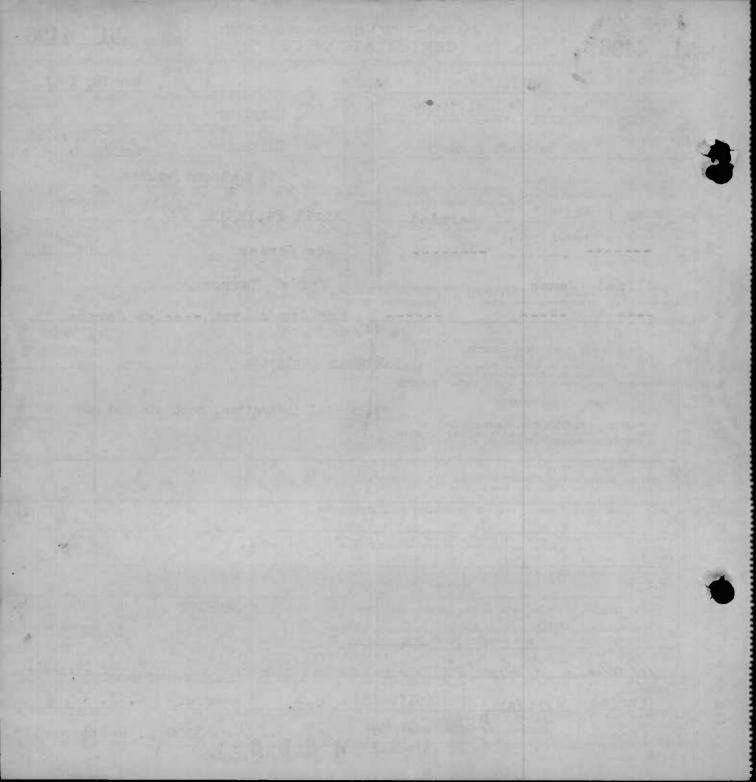
INTERVAL BETWEEN

ONSET AND DEATH

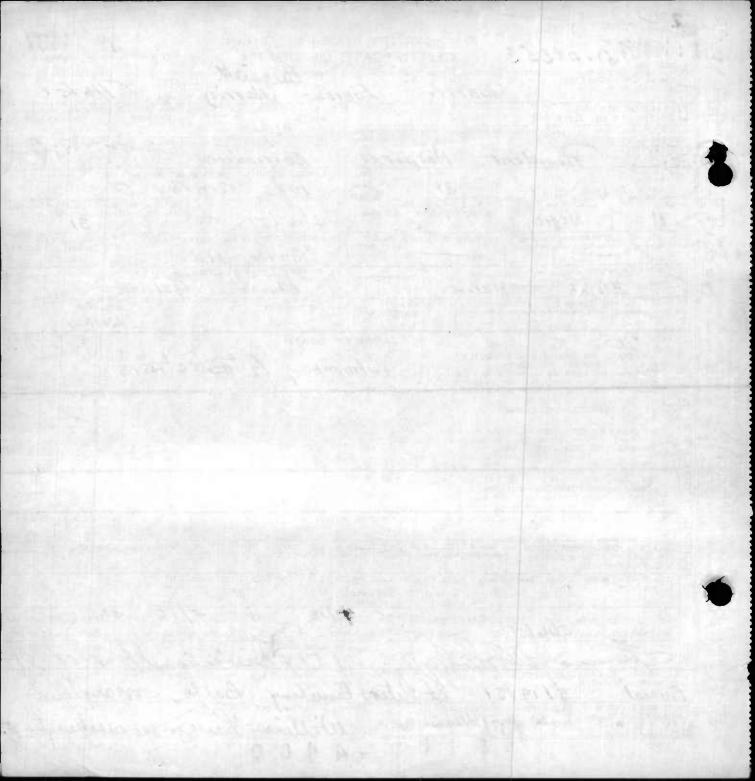
20. AUTOPSY

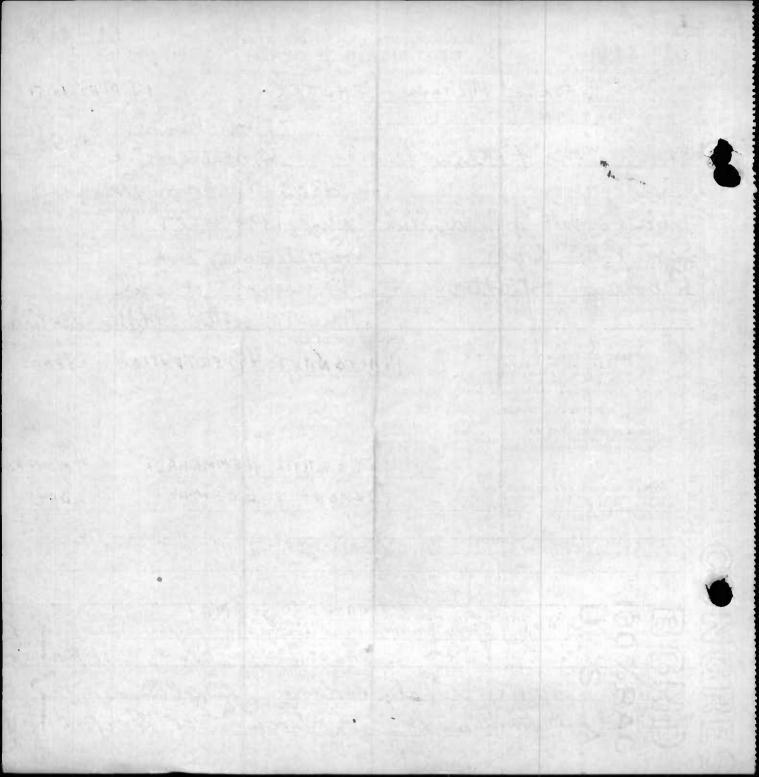
RESERVED MARGIN

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		of DEATH					RESIDENCE (	Where deceased li		ion : residence before admission
B		NAME OF		al or institut	tion, give street address locatio	or	nd			
	INSTITUT		Provider		blaca zal	C. CITT OF		f outside corporat	e limits write	RURAL and give township
	37		roviaei	7/	Yrs		ADDRESS M	f rural, give locati	on)	
	c. Lengtl	h of stay i	n Baltimore		31 Ma		37 Po	rrish	57.	
an	5. SEX	6.00	Negro		E, MARRIED, VED, DIVORCED (Speci	8. DATE OF	5 /5/	9. AGE (In ye last birthda		ays Hours Min.
CO MO	10A. USU/ ork done duri	AL OCCUPA ng most of work	ATION (Give kind of ng life, even if retired)	10B. KINE	10B. KIND OF BUSINESS OR INDUSTRY			foreign country)	12. CI	TIZEN OF HAT COUNTRY
th th	13. FATH	ER'S NAME		4		14. MOTHE	R'S MAIDEN N		1	
death		Eliji	06	Harri	2	E	laine	Bessi	CK	
4-1	Yes, no or un	ECEASED EVI	ER IN U.S. ARMED yes, give war or dates	FORCES? s of service)	16. SOCIAL SECURITY NO	17. INFORM	MANT		ADDRES	
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ortant. Physicians: please	DIS RISE UNI TO 19A. D	LEA is does not in rt failure, ast rry or comp  ANTE SEASES OR E TO THE AE DERLYING  HER SIGNII BUTING TO THE DISEAS ATE OF OP  ACCIDENT G OR COT IME (Mont)	DING TO DEAT mean the mode o chenia, etc. It mea clieation which e ECEDENT CAUS CONDITIONS, H BOVE CAUSE (A) CONDITION LA  FICANT CONDITION THE DEATH, BUT E OR CONDITION FERATION 1  WAS UNDER- NTRIBUTING	TH f dying, e. g dying, e. g aused death ses  EES  F ANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE CAUSING 1  9B. MAJOR  21B. PLA about home, f	(B)	ERATION  , in or 21c. WI INJURY  RED 21F. HC	HERE DID	(If in Baltimore	/S	O. AUTOPSY?
MEDICAL CERTIFICATION	DIS RISE UNI TO 19A. D 19A. D 21A. A LYING CAUS 21D. T OF IN.	LEA is does not intralighted as the second of the second o	DING TO DEAT mean the mode of chenia, etc. It mea- lieation which c ECEDENT CAUS CONDITIONS, IF BOYE CAUSE (A) CONDITION LA  II FICANT CONDITION THE DEATH, BUT E OR CONDITION ERATION I WAS UNDER- NTRIBUTING THE THE OR CONDITION THE CONDITIO	TH f dying, e. g. aused death ses aused death ses fany, givin stating the stating the ses of the se	(B)	ERATION  in or 21c. Wigner.  INJURY  RED 21F. HC	HERE DID OCCUR?	(If in Baltimore	City, give exe	O. AUTOPSY? ES NO act location)  I last saw th
MEDICAL CERTIFICATION	DIS RISE UNI TO 19A. D 19A. D 21A. LYING CAUS 21D. T OF IN. 22. I decea 23A. S	LEA is does not intraliure, ast iry or comp  ANTE SEASES OR E TO THE AB DERLYING  HER SIGNII BUTING TO INTHE DISEAS: ATE OF OP  ACCIDENT GO OR CON E OF DEAT  IME (Month JURY  hereby cere sed alive of Control of the control interpretation of the c	DING TO DEAT mean the mode of chenia, etc. It mean the mode of chenia, etc. It mean the condition which excepted the conditions, is gove cause (A) CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION LE OR CONDITION LE CONDIT	TH f dying, e. g. aused death ses aused death	(B)	ERATION  , in or 21c. Wigner.  INJURY  RED 21F. HC  E 4/16  urred at 23B. ADDRES	HERE DID OCCUR?  DW DID INJUR  1951, to  m, from	(If in Baltimore RY OCCUR?  the causes and	City, give exectly, that ton the date 23c.	O. AUTOPSY?  ES NO act location)  I last saw the stated above DATE SIGNED
ect age is especially important. Physicians: please	DIS RISE UNI OTH TRII TO 19A. D 19A. D 21A. LYING CAUS 21D. T OF IN. 22. I decea 23A. S 24A. BUR TION, REMO	LEA is does not introduced in the composition of th	DING TO DEAT mean the mode of the	TH f dying, e. g. f dying, e. g. aused death ses aused death ses stating the s	(B)  (B)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  , in or 21c. Wigner.  INJURY  RED 21F. HC  E 4/16  urred at 23B. ADDRES	HERE DID OCCUR?  DW DID INJUR  1951, to  m, from	(If in Baltimore	City, give exectly, that ton the date 23c.	O. AUTOPSY?  ES NO Let location)  I last saw the stated above DATE SIGNED  ONLY (State)



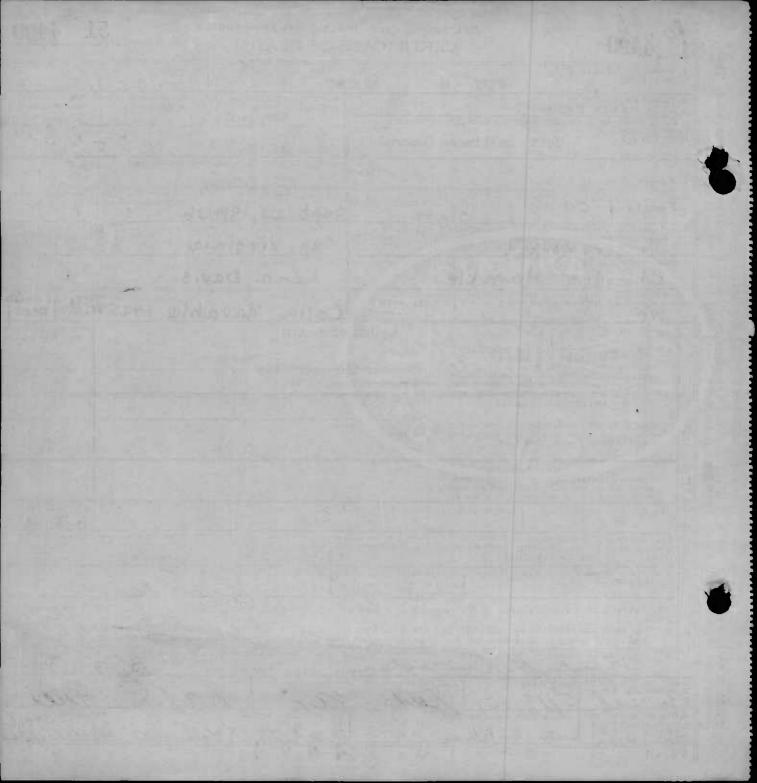


+ 10	14
1 HIRTH	4499

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 4499

HIRTH NO.	CERTI	FICATE	OF DEATH	Registered No.	
1. NAME OF DECEASED	DV M	MADAE	amr	DATE OF Mars 12	1051
S. PLACE OF DEATH:	NRY M.	MARA	4. USUAL RESIDENCE (Where	DEATH May 13	
A. Baltimore City, Maryland	institution, give stre		A. STATE Maryland	B. COUNTY	before admission
HOSPITAL OR	Ltimore Gene	location)	U	ide corporate limits, w	rite kt) RAL and give
		Yrs.	o. STREET ADDRESS (If rura	l, give location)	
c. Length of stay in Baltimore		Mos. Days	2112 Penrose		
Female Colored	Single, MARRIED WIDOWED, DIVORG Single	CED (Specify)	Sept. 23, 1914.3	last birthday) Months	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF BUSIN	INDUSTRY	Sax, Virginia		WHAT COUNTRY
13. FATHER'S NAME	A A	ve 12 4	14. MOTHER'S MAIDEN NAME		1/
	able.	A.1	Lena Davi		
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of s	PRCES7 16. SOCIA SECU	RITY NO.	Celia Marak	16 1425 V	v. Mulberr
DISEASE OR CONDITION DIE  (This does not mean the mode of d heart failure, asthenia, etc. It means t injury or complication which cause  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STU UNDERLYING CONDITION LAST.	ying, e. g., (A) the disease, ed death.) DUE T  NY, GIVING ATING THE OUE T	0	e eortitis		
DISEASES OR CONDITIONS, IF AR RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OBSTANDARD TO THE OISEASE OR CONDITION CA	T RELATEO				
U 19A. DATE OF OPERATION 19B.	MAJOR FINDINGS	OF OPERA	ATION		YES X NO
	21B. PLACE OF INJ bout home, farm, factory, str			Baltimore City, give	
210. TIME (Month) (Day) (Year) (Ho OF INJURY	our) 21E. INJUR WHILE AT WORK	NOT WHILE	D 21F. HOW DID INJURY OF	CCUR?	
22. I certify that I took charge the evidence obtained by sai and death in my opinion res	of the remains of	described ab	nquiry, find that said decea	ection or Inquiry sed died on the c	hereon and from lay stated above termined [].
23A. SIGNATURE	Ourlas	lun.M.	23B. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA D. MEDICAL INVESTIGATOR	MINER X	14, 1951
24A. BURIAL, CREMA- TON, REMOVAL (Specify) 5/19/19	5/ 24C N/ME	OF CEMETER	a. se	CAS (Gity, town, or	Da: (State)
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR MAY 1 81951	Williams M.	-	Mis Kety RWI	tiams So	weder SI
V S 151	3 -69	90 46	4 4 9 4	30	) 4



1	11 /	1.52		
U,	1	1500	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered \$1. 4500
The	-	NAME OF DECEASED		
ed.	(7	Type or Print)	GREENSFELDER	OF MAY 17, 1951
upplied.	A.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or ins	acto A. STATE My	here deceased lived. If institution; residence B. COUNTY before admission)
S	H	OSPITAL OR ASTITUTION AL P M	a hastian)	outside corporate imits write RURAL and give township)
The same	14:	Somue Doctor		gural, give location
be d leg	_	Length of stay in Baltimore SEX   6.COLOR OR RACE   7. SII	NGLE, MARRIED, 8. DATE OF BIRTH	9. AGE (In years If Under 1 Year   If Under 24 Hours
ld		MW	DOWED PIVORCED (Specify) 8-14-81	last birthday) Months Days Hours Min.
information shous of death clearly	wor	A. USUAL OCCUPATION (Give kind of los. I k done during most of working life, even if retired)	KIND OF BUSINESS OR 11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY?
ath a	13	3. FATHER'S NAME	Refinery 14. MOTHER'S MAIDEN NA	ME 1 1000CC
forn f de	15	5. WAS DECEASED FORCE IN U. S. ARMED FORCE		ADDRESS A
of	(10	a, no ag maknown) //(If yes, give war or dates of service)	Elex - Preorse	Cler - 62/8. Robins Ho
Every item write the cau		DISEASE OR CONDITION DIRECT	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ery i		(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	e.g., (A) Carcinoma of Ascin	o Illem and 2 mouths
		injury or complication which caused of ANTECEDENT CAUSES	death.) OUE TO with Meteritasis &	o dem and
INK	NO O	DISEASES OR CONDITIONS, IF ANY,		
UNFADING INK. Physicians: please	CAT	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	G THE DUE TO Terminal Ures	ma 15 days
ADI	TIFI	OTHER SIGNIFICANT CONDITIONS	504	
UNF	CER	TRIBUTING TO THE OEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATEO	
WITH tant.	AL	19A. DATE OF OPERATION   19B. MA	JOR FINDINGS OF OPERATION	20. AUTOPSY?
Y, WITH	EDIC		PLACE OF INJURY (e. g., in or 21c. WHERE DID (In the property of the property	f in Baltimore City, give exact location)
Y.	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		OCCUR?
Pi			m. WHILE AT NOT WHILE THE AT WORK THE AT W	May 17, 1951, that I last saw the
			1. and that death occurred at 1:52 p.m., from the	he causes and on the date stated above.
RI		Martin C. Mal	upaupau 12/3 light	+ St., Balto 5-17-57
		4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specific) 5-12-5	24C. WAME OF CEMETERY OF CREMATORY 24D. LC	OCATION (City, town, or county) (State)
PLEASE correct ag	D	ATT DECEIVED BY REGISTRAR'S SIGN	LATURE 35. SUNERAL DIRECTOR	ADDRESS
Щ 5	W	AY 181951 huntington	14 Telly & Zeden	- 403 S. hollest.
		VS 150	10 763 454/902	46E

